

**DEPARTMENT OF SOCIAL AND HEALTH SERVICES
HEALTH AND RECOVERY SERVICES ADMINISTRATION
Olympia, Washington**

To: Prosthetic Providers
Orthotic Providers
Managed Care Organizations

Memorandum No: 06-15
Issued: March 31, 2006

From: Douglas Porter, Assistant Secretary
Health and Recovery Services
Administration (HRSA)

For information contact:
800.562.3022

Subject: Prosthetic and Orthotic Devices: Fee Schedule Changes

Effective for dates of service on and after April 1, 2006, the Health and Recovery Services Administration (HRSA) has revised the fee schedule for the Prosthetic and Orthotic Devices program to match Medicare's coding changes.

What has changed?

HRSA has revised the fee schedule for the Prosthetic and Orthotic Devices program to update Healthcare Common Procedure Coding System (HCPCS) Level II codes and descriptions.

Effective for dates of service on and after April 1, 2006, the following codes have been updated:

L2005	L3150	L3350	L3430
L3000	L3310	L3360	L3620
L3030	L3320	L3400	L5685
L3100	L3334	L3410	L6800
L3140	L3340	L3420	

Billing Instructions Replacement Pages

Attached are replacement pages G.2 through G.106 for HRSA's *Prosthetic and Orthotic Devices Billing Instructions*.

Bill HRSA your usual and customary charges.

Contact Information

Send reimbursement questions or comments to:

Health and Recovery Services Administration
Division of Business and Finance
Prosthetic and Orthotic Devices Rates Manager
PO Box 45510
Olympia, Washington 98504-5510
800.292.8064
Fax 360.753.9152

How do I conduct business electronically with HRSA?

You may conduct business electronically with HRSA by accessing WAMedWeb at <http://wamedweb.acs-inc.com>.

How can I get HRSA's provider documents?

To obtain HRSA's provider numbered memoranda and billing instructions, go to HRSA's website at <http://maa.dshs.wa.gov> (click on the **Billing Instructions/Numbered Memoranda** or **Provider Publications/Fee Schedules link**).

To request a free paper copy from the Department of Printing:

1. **Go to:** www.prt.wa.gov (Orders filled daily.)
 - a) Click **General Store**.
 - b) If a **Security Alert** screen is displayed, click **OK**.
 - i. Select either **I'm New** or **Been Here**.
 - ii. If new, fill out the registration and click **Register**.
 - iii. If returning, type your email and password and then click **Login**.
 - c) At the **Store Lobby** screen, click **Shop by Agency**. Select **Department of Social and Health Services** and then select **Health and Recovery Services Administration**.
 - d) Select **Billing Instructions, Forms, Healthy Options, Numbered Memo, Publications, or Document Correction**. You will then need to select a year and then select the item by number and title.
2. **Fax/Call:** Dept. of Printing/Attn: Fulfillment at FAX 360.586.6361/ telephone 360.586.6360. (Orders may take up to 2 weeks to fill.)

Fee Schedule

Note: In the **P.A.** column:

Y= requires prior authorization

Y*=requires prior authorization only for clients 17 years of age and older

In the **Lics** (Licenses) column:

Y = licensure required

Y** = licensure required if prescribing treatment of scoliosis

***= the item can be provided by a DME or Pharmacy provider as long as other licensure requirements have been met

Code	Code Status N=New, D=Discontinued, U=Updated	P.A.	Lic	Description	April 1, 2006 Medicaid Max. Allow.
A4280				Adhesive skin support attachment for use with external breast prosthesis, each	#
A5500				For diabetics only, fitting (including follow-up) custom preparation and supply of off-the-shelf depth-inlay shoe manufactured to accommodate multi-density insert(s), per shoe	\$59.36
A5501				For diabetics only, fitting (including follow-up) custom preparation and supply of shoe molded from cast(s) of patient's foot (custom molded shoe), per shoe	\$178.04
A5503				For diabetics only, modification (including fitting) of off-the-shelf depth-inlay shoe or custom molded shoe with roller or rigid rocker bottom, per shoe	\$26.40
A5504				For diabetics only, modification (including fitting) of off-the-shelf depth-inlay shoe or custom molded shoe with wedges, per shoe	\$26.40
A5505				For diabetics only, modification (including fitting) of off-the-shelf depth-inlay shoe or custom molded shoe with metatarsal bar, per shoe	\$26.40
A5506				For diabetics only, modification (including fitting) of off-the-shelf depth-inlay shoe or custom molded shoe with off-set heel(s), per shoe	\$26.40
A5507		Y		For diabetics only, not otherwise specified modification (including fitting) of off-the-shelf depth-inlay or custom molded shoe, per shoe	BR

Prosthetic and Orthotic Devices

Code	Code Status N=New, D=Discontinued, U=Updated	P.A.	Lic	Description	April 1, 2006 Medicaid Max. Allow.
A5508				For diabetics only, deluxe feature of off-the-shelf depth-inlay shoe or custom molded shoe, per shoe	#
A5510				For diabetics only, direct formed, compression molded to patient's foot without external heat source, multiple density insert(s) prefabricated, per shoe	#
A5512				For diabetics only, multiple density insert, direct formed, molded to foot after external heat source of 230 degrees fahrenheit or higher, total contact with patient's foot, including arch, base layer minimum of 1/4 inch material of shore a 35 durometer or 3/16 inch material of shore a 40 durometer (or higher), prefabricated, each	\$24.22
A5513				For diabetics only, multiple density insert, custom molded from model of patient's foot, total contact with patient's foot, including arch, base layer minimum of 3/16 inch material of shore a 35 durometer or higher, includes arch filler and other shaping material, custom fabricated, each.	\$36.14
E1800				Dynamic adjustable elbow extension/flexion device, includes soft interface material	#
E1801				Bi-directional static progressive stretch elbow device with range of motion adjustment, includes cuffs	#
E1802				Dynamic adjustable forearm pronation/supination device, includes soft interface material	#
E1805				Dynamic adjustable wrist extension/flexion device, includes soft interface material	#
E1806				Bi-directional static progressive stretch wrist device with range of motion adjustment, includes cuffs	#
E1810				Dynamic adjustable knee extension/flexion device, includes soft interface material	#
E1811				Bi-directional progressive stretch knee device with range of motion adjustment, includes cuffs	#
E1815				Dynamic adjustable ankle extension/flexion, includes soft interface material	#
E1816				Bi-directional progressive stretch ankle device with range of motion adjustment, includes cuffs	#

Prosthetic and Orthotic Devices

Code	Code Status N=New, D=Discontinued, U=Updated	P.A.	Lic	Description	April 1, 2006 Medicaid Max. Allow.
E1818				Bi-directional progressive stretch forearm pronation/supination device with range of motion adjustment, includes cuffs	#
E1820				Replacement soft interface material, dynamic adjustable extension/flexion device	#
E1821				Replacement soft interface material/cuffs for bi-directional static progressive stretch device	#
E1825				Dynamic adjustable finger extension/flexion device, includes soft interface material	#
E1830				Dynamic adjustable toe extension/flexion device, includes soft interface material	#
E1840				Dynamic adjustable shoulder flexion/abduction/rotation device, includes soft interface material.	#
L0100		Y	Y	Cranial orthosis (helmet), with or without soft interface, molded to patient model	\$435.69
L0110			***	Cranial orthosis (helmet), with or without soft interface, non-molded	\$117.28
L0112		Y	Y	Cranial cervical orthosis, congenital torticollis type, with or without soft interface material, adjustable range of motion joint, custom fabricated	\$1,099.77
L0120			***	Cervical, flexible, nonadjustable (foam collar)	\$26.63
L0130			Y	Cervical, flexible, thermoplastic collar, molded to patient	\$148.18
L0140			***	Cervical, semi-rigid, adjustable (plastic collar)	\$64.25
L0150			***	Cervical, semi-rigid, adjustable molded chin cup (plastic collar with mandibular/occipital piece)	\$85.57
L0160				Cervical, semi-rigid, wire frame occipital/mandibular support	\$117.90
L0170		Y	Y	Cervical, collar, molded to patient model	\$571.88
L0172			***	Cervical, collar, semi-rigid thermoplastic foam, two piece	\$103.21
L0174			***	Cervical, collar, semi-rigid, thermoplastic foam, two piece with thoracic extension	\$217.30
L0180				Cervical, multiple post collar, occipital/mandibular supports, adjustable	\$316.84

Prosthetic and Orthotic Devices

Code	Code Status N=New, D=Discontinued, U=Updated	P.A.	Lic	Description	April 1, 2006 Medicaid Max. Allow.
L0190				Cervical, multiple post collar, occipital/mandibular supports, adjustable cervical bars (Somi, Guilford, Taylor types)	\$445.76
L0200				Cervical, multiple post collar, occipital/mandibular supports, adjustable cervical bars, and thoracic extension	\$497.74
L0210			***	Thoracic, rib belt	\$33.33
L0220			***	Thoracic, rib belt, custom fabricated	\$99.18
L0430		Y	Y**	Spinal orthosis, anterior-posterior-lateral control, with interface material, custom fitted (dewall posture protector only).	\$1,008.64
L0450			Y**	TLSO, flexible, provides trunk support, upper thoracic region, produces intracavitary pressure to reduce load on the intervertebral disks with rigid stays or panel(s), includes shoulder straps and closures, prefabricated, includes fitting and adjustment	\$172.77
L0452		Y		TLSO, flexible, provides trunk support, upper thoracic region, produces intracavitary pressure to reduce load on the intervertebral disks with rigid stays or panel(s), includes shoulder straps and closures, custom fabricated	BR
L0454			Y**	TLSO, flexible, provides trunk support, extends from sacrococcygeal junction to above T-9 vertebra, restricts gross truck motion in the sagittal plane, produces intracavitary pressure to reduce load on the intervertebral disks with rigid stays or panel(s), includes shoulder straps and closures, prefabricated, includes fitting and adjustment	\$272.52
L0456			Y**	TLSO, flexible, provides trunk support, thoracic region, rigid posterior panel and soft anterior apron, extends from the sacrococcygeal junction and terminates just inferior to the scapular spine, restricts gross truck motion in the sagittal plane, produces intracavitary pressure to reduce load on the intervertebral disks, includes straps and closures, prefabricated, includes fitting and adjustment	\$781.51

Prosthetic and Orthotic Devices

Code	Code Status N=New, D=Discontinued, U=Updated	P.A.	Lic	Description	April 1, 2006 Medicaid Max. Allow.
L0458			Y	TLSO, triplanar control, modular segmented spinal system, two rigid plastic shells, posterior extends from the sacrococcygeal junction and terminates just inferior to the scapular spine, anterior extends from the symphysis pubis to the xiphoid, soft liner, restricts gross trunk motion in the sagittal, coronal, and transverse planes, lateral strength is provided by overlapping plastic and stabilizing closures, includes straps and closures, prefabricated, including fitting and adjustment	\$700.77
L0460			Y	TLSO, triplanar control, modular segmented spinal system, two rigid plastic shells, posterior extends from the sacrococcygeal junction and terminates just inferior to the scapular spine, anterior extends from the symphysis pubis to the sternal notch, soft liner, restricts gross trunk motion in the sagittal, coronal, and transverse planes, lateral strength is provided by overlapping plastic and stabilizing closures, includes straps and closures, prefabricated, including fitting and adjustment	\$788.75
L0462			Y	TLSO, triplanar control, modular segmented spinal system, three rigid plastic shells, posterior extends from the sacrococcygeal junction and terminates just inferior to the scapular spine, anterior extends from the symphysis pubis to the sternal notch, soft liner, restricts gross trunk motion in the sagittal, coronal, and transverse planes, lateral strength is provided by overlapping plastic and stabilizing closures, includes straps and closures, prefabricated, including fitting and adjustment	\$981.08

Prosthetic and Orthotic Devices

Code	Code Status N=New, D=Discontinued, U=Updated	P.A.	Lic	Description	April 1, 2006 Medicaid Max. Allow.
L0464			Y	TLSO, triplanar control, modular segmented spinal system, four rigid plastic shells, posterior extends from the sacrococcygeal junction and terminates just inferior to scapular spine, anterior extends from symphysis pubis to the sternal notch, soft liner, restricts gross trunk motion in sagittal, coronal, and tranverse planes, lateral strength is provided by overlapping plastic and stabilizing closures, includes straps and closures, prefabricated, includes fitting and adjustment	\$1,167.97
L0466			Y	TLSO, sagittal-coronal control, rigid posterior frame and flexible soft anterior apron with straps, closures and padding, restricts gross trunk motion in sagittal plane, produces intracavitary pressure to reduce load on intervertebral disks, includes fitting and shaping the frame, prefabricated, includes fitting and adjustment	\$355.15
L0468			Y**	TLSO, sagittal control, rigid posterior frame and flexible soft anterior apron with straps, closures and padding, extends from sacrococcygeal junction over scapulae, lateral strength provided by pelvic, thoracic and lateral frame pieces, restricts gross trunk motion in sagittal, and coronal planes, produces intracavitary pressure to reduce load on intervertebral disks, includes fitting and shaping the frame, prefabricated, includes fitting and adjustment	\$426.29
L0470			Y**	TLSO, triplanar-control, rigid posterior frame and flexible soft anterior apron with straps, closures and padding, extends from sacrococcygeal junction to scapula, lateral strength provided by pelvic, thoracic, and lateral frame pieces, rotational strength provided by subclavicular extensions, restricts gross trunk motion in sagittal, coronal, and tranverse planes, produces intracavitary pressure to reduce the load on intervertebral disks, includes fitting and shaping the frame, prefabricated, includes fitting and adjustment	\$511.66

Prosthetic and Orthotic Devices

Code	Code Status N=New, D=Discontinued, U=Updated	P.A.	Lic	Description	April 1, 2006 Medicaid Max. Allow.
L0472			Y**	TLSO, triplanar control, hyperextension, rigid anterior and lateral frame extends from symphysis pubis to sternal notch with two anterior components (one pubic and one sternal), posterior and lateral pads with straps and closures, limits spinal flexion, restricts gross trunk motion in sagittal, coronal, and transverse planes, includes fitting and shaping the frame, prefabricated, includes fitting and adjustment	\$363.35
L0474		Y	Y**	TLSO, sagittal-coronal control, flexion compression jacket, two rigid plastic shells with soft liner, posterior extends from sacrococcygeal junction and terminates at or before the T-9 vertebra, anterior extends from symphysis pubis to xiphoid, usually laced together on one side, restricts gross trunk motion in sagittal and coronal planes, allows free flexion and compression of the LS region, includes straps and closures, prefabricated, includes fitting and adjustment	BR
L0480		Y	Y	TLSO, triplanar control, one piece rigid plastic shell without interface liner, with multiple straps and closures, posterior extends from sacrococcygeal junction and terminates just inferior to scapular spine, anterior extends from symphysis pubis to sternal notch, anterior or posterior opening, restricts gross trunk motion in sagittal, coronal, and transverse planes, includes a carved plaster or CAD-CAM model, custom fabricated	\$1,252.86
L0482		Y	Y	TLSO, triplanar control, one piece rigid plastic shell with interface liner, with multiple straps and closures, posterior extends from sacrococcygeal junction and terminates just inferior to scapular spine, anterior extends from symphysis pubis to sternal notch, anterior or posterior opening, restricts gross trunk motion in sagittal, coronal, and transverse planes, includes a carved plaster or CAD-CAM model, custom fabricated	\$1,276.86

Prosthetic and Orthotic Devices

Code	Code Status N=New, D=Discontinued, U=Updated	P.A.	Lic	Description	April 1, 2006 Medicaid Max. Allow.
L0484		Y	Y	TLSO, triplanar control, two piece rigid plastic shell without interface liner, with multiple straps and closures, posterior extends from sacrococcygeal junction and terminates just inferior to scapular spine, anterior extends from symphysis pubis to sternal notch, lateral strength is enhanced by overlapping plastic, restricts gross trunk motion in sagittal, coronal, and transverse planes, includes a carved plaster or CAD-CAM model, custom fabricated	\$1,337.75
L0486		Y	Y	TLSO, triplanar control, two piece rigid plastic shell with interface liner, with multiple straps and closures, posterior extends from sacrococcygeal junction and terminates just inferior to scapular spine, anterior extends from symphysis pubis to sternal notch, lateral strength is enhanced by overlapping plastic, restricts gross trunk motion in sagittal, coronal, and transverse planes, includes a carved plaster or CAD-CAM model, custom fabricated	\$1,419.28
L0490			Y**	TLSO, sagittal-coronal control, one piece rigid plastic shell with overlapping reinforced anterior, with multiple straps and closures, posterior extends from sacrococcygeal junction and terminates at or before the T-9 vertebra, anterior extends from symphysis pubis to xiphoid, anterior opening, restricts gross trunk motion in sagittal and coronal planes, prefabricated, includes fitting and adjustment	\$222.28
L0491			Y	TLSO, Sagittal-coronal control, modular segmented spinal system, two rigid plastic shells, posterior extends from the sacrococcygeal junction area.	\$603.47
L0492			Y	TLSO, Sagittal-coronal control, modular segmented spinal system, three rigid plastic shells, posterior extends from the sacrococcygeal junction.	\$396.93
L0621			Y**	Sacroiliac orthosis, flexible, provides pelvic-sacral support, reduces motion about the sacroiliac joint, includes straps, closures, may include pendulous abdomen design, prefabricated, includes fitting and adjustment.	\$90.97

Prosthetic and Orthotic Devices

Code	Code Status N=New, D=Discontinued, U=Updated	P.A.	Lic	Description	April 1, 2006 Medicaid Max. Allow.
L0622			Y** ***	Sacroiliac orthosis, flexible, provides pelvic-sacral support, reduces motion about the sacroiliac joint, includes straps, closures, may include pendulous abdomen design, custom fabricated.	\$241.43
L0623		Y	Y** ***	Sacroiliac orthosis, provides pelvic-sacral support, with rigid or semi-rigid panels over the sacrum and abdomen, reduces motion about the sacroiliac joint, includes straps, closures, may include pendulous abdomen design, prefabricated, includes fitting and adjustment.	BR
L0624		Y	Y**	Sacroiliac orthosis, provides pelvic-sacral support, with rigid or semi-rigid panels over the sacrum and abdomen, reduces motion about the sacroiliac joint, includes straps, closures, may include pendulous abdomen design, custom fabricated.	BR
L0625			Y** ***	Lumbar orthosis, flexible, provides lumbar support, posterior extends from L-1 to below L - 5 vertebra, produces intracavitary pressure to reduce load on the intervertebral discs, includes straps, closures, may include pendulous abdomen design, shoulder straps, stays, prefabricated, includes fitting and adjustment.	\$43.27
L0626			Y** ***	Lumbar orthosis, sagittal control, with rigid posterior panel(s), posterior extends from L-1 to below L-5 vertebra, produces intracavitary pressure to reduce load on the intervertebral discs, includes straps, closures, may include padding, stays, shoulder straps, pendulous abdomen design, prefabricated, includes fitting and adjustment.	\$61.25
L0627			Y **/**	Lumbar orthosis, sagittal control, with rigid anterior and posterior panels, posterior extends from L-1 to below L-5 vertebra, produces intracavitary pressure to reduce load on the intervertebral discs, includes straps, closures, may include padding, shoulder straps, pendulous abdomen design, prefabricated, includes fitting and adjustment.	\$322.98

Prosthetic and Orthotic Devices

Code	Code Status N=New, D=Discontinued, U=Updated	P.A.	Lic	Description	April 1, 2006 Medicaid Max. Allow.
L0628			Y **/**	Lumbar-sacral orthosis, flexible, provides lumbo-sacral support, posterior extends from sacrococcygeal junction to T-9 vertebra, produces intracavitary pressure to reduce load on the intervertebral discs, includes straps, closures, may include stays, shoulder straps, pendulous abdomen design, prefabricated, includes fitting and adjustment.	\$65.92
L0629		Y	Y **/**	Lumbar-sacral orthosis, flexible, provides lumbo-sacral support, posterior extends from sacrococcygeal junction to T-9 vertebra, produces intracavitary pressure to reduce load on the intervertebral discs, includes straps, closures, may include stays, shoulder straps, pendulous abdomen design, custom fabricated.	BR
L0630			Y **/**	Lumbar-sacral orthosis, sagittal control, with rigid posterior panel(s), posterior extends from sacrococcygeal junction to T-9 vertebra, produces intracavitary pressure to reduce load on the intervertebral discs, includes straps, closures, may include padding, stays, shoulder straps, pendulous abdomen design, prefabricated, includes fitting and adjustment.	\$127.26
L0631			Y**	Lumbar-sacral orthosis, sagittal-coronal control, with rigid anterior and posterior panels, posterior extends from sacrococcygeal junction to T-9 vertebra, produces intracavitary pressure to reduce load on the intervertebral discs, includes straps, pendulous abdomen design, prefabricated, includes fitting and adjustment.D158	\$806.64
L0632		Y	Y	Lumbar-sacral orthosis, sagittal-coronal control, with rigid anterior and posterior panels, posterior extends from sacrococcygeal junction to T-9 vertebra, produces intracavitary pressure to reduce load on the intervertebral discs, includes straps, closures, may include padding, shoulder straps, pendulous abdomen design, custom fabricated.	BR

Prosthetic and Orthotic Devices

Code	Code Status N=New, D=Discontinued, U=Updated	P.A.	Lic	Description	April 1, 2006 Medicaid Max. Allow.
L0633			Y **/**	Lumbar-sacral orthosis, sagittal-coronal control, with rigid posterior frame/Panel(s), posterior extends from sacrococcygeal junction to T-9 vertebra, lateral strength provided by rigid lateral frame/panels, produces intracavitary pressure to reduce load on intervertebral discs, includes straps, closures, may include padding, stays, shoulder straps, pendulous abdomen design, prefabricated, includes fitting and adjustment.	\$225.31
L0634		Y	Y	Lumbar-sacral orthosis, sagittal-coronal control, with rigid posterior frame/Panel(s), posterior extends from sacrococcygeal junction to T-9 vertebra, lateral strength provided by rigid lateral frame/panels, produces intracavitary pressure to reduce load on intervertebral discs, includes straps, closures, may include padding, stays, shoulder straps, pendulous abdomen design, custom fabricated.	BR
L0635		Y	Y	Lumbar-sacral orthosis, sagittal-coronal control, lumbar flexion, rigid posterior frame/panels, lateral articulating design to flex the lumbar spine, posterior extends from sacrococcygeal junction to T-9 vertebra, lateral strength provided by rigid lateral frame/panels, produces intracavitary pressure to reduce load on intervertebral discs, includes straps, closures, may include padding, anterior panel, pendulous abdomen design, prefabricated, includes fitting and adjustment.	\$830.31
L0636		Y	Y	Lumbar-sacral orthosis, sagittal-coronal control, lumbar flexion, rigid posterior frame/panels, lateral articulating design to flex the lumbar spine, posterior extends from sacrococcygeal junction to T-9 vertebra, lateral strength provided by rigid lateral frame/panels, produces intracavitary pressure to reduce load on intervertebral discs, includes straps, closures, may include padding, anterior panel, pendulous abdomen design, custom fabricated.	\$1,082.60

Prosthetic and Orthotic Devices

Code	Code Status N=New, D=Discontinued, U=Updated	P.A.	Lic	Description	April 1, 2006 Medicaid Max. Allow.
L0637		Y	Y**	Lumbar-sacral orthosis, sagittal-coronal control, with rigid anterior and posterior frame/panels, posterior extends from sacrococcygeal junction to T-9 vertebra, lateral strength provided by rigid lateral frame/panels, produces intracavitary pressure to reduce load on intervertebral discs, includes straps, closures, may include padding, shoulder straps, pendulous abdomen design, prefabricated, includes fitting and adjustment.	\$883.16
L0638		Y	Y	Lumbar-sacral orthosis, sagittal-coronal control, with rigid anterior and posterior frame/panels, posterior extends from sacrococcygeal junction to T-9 vertebra, lateral strength provided by rigid lateral frame/panels, produces intracavitary pressure to reduce load on intervertebral discs, includes straps, closures, may include padding, shoulder straps, pendulous abdomen design, custom fabricated.	\$1,036.35
L0639			Y**	Lumbar-sacral orthosis, sagittal-control, rigid shell(s)/panel(s) posterior extends from sacrococcygeal junction to T-9 vertebra, anterior extends from symphysis pubis to xiphoid, produces intracavitary pressure to reduce load on the intervertebral discs, overall strength is provided by overlapping rigid material and stabilizing closures, includes straps, closures, may include soft interface, pendulous abdomen design, prefabricated, includes fitting and adjustment.	\$883.16
L0640		Y	Y**	Lumbar-sacral orthosis, sagittal-control, rigid shell(s)/panel(s) posterior extends from sacrococcygeal junction to T-9 vertebra, anterior extends from symphysis pubis to xiphoid, produces intracavitary pressure to reduce load on the intervertebral discs, overall strength is provided by overlapping rigid material and stabilizing closures, includes straps, closures, may include soft interface, pendulous abdomen design, custom fabricated.	\$822.21
L0700		Y	Y	CTLSO, anterior-posterior-lateral control, molded to patient model (Minerva type)	\$1,521.85

Prosthetic and Orthotic Devices

Code	Code Status N=New, D=Discontinued, U=Updated	P.A.	Lic	Description	April 1, 2006 Medicaid Max. Allow.
L0710		Y	Y	CTLSO, anterior-posterior-lateral control, molded to patient model, with interface material, (Minerva type)	\$1,718.90
L0810			Y	Halo procedure, cervical halo incorporated into jacket vest	\$2,069.69
L0820			Y	Halo procedure, cervical halo incorporated into plaster body jacket	\$2,032.60
L0830		Y	Y	Halo procedure, cervical halo incorporated into Milwaukee type orthosis	\$2,851.00
L0859			Y	Addition to halo procedures, magnetic resonance image compatible system.	\$917.03
L0861		Y	Y	Addition to halo procedure, replacement liner/interface material	\$169.36
L0960			Y** ***	Torso support, postsurgical support, pads for postsurgical support	\$53.69
L0970			Y** ***	TLSO, corset front	\$86.03
L0972			Y**	LSO, corset front	\$77.47
L0974			Y**	TLSO, full corset	\$139.44
L0976			Y **/***	LSO, full corset	\$147.36
L0978			***	Axillary crutch extension	\$154.46
L0980			***	Peroneal straps, pair	\$13.98
L0982			***	Stocking supporter grips, set of four (4)	\$13.04
L0984		Y	***	Protective body sock, each	\$51.46
L0999		Y		Addition to spinal orthosis, not otherwise specified	BR
L1000		Y*	Y	CTLSO (Milwaukee), inclusive of furnishing initial orthosis, including model	\$1,830.40
L1005		Y	Y	Tension based scoliosis orthosis and accessory pads, includes fitting and adjustment	\$2,514.93
L1010			Y	Addition to CTLSO or scoliosis orthosis, axilla sling	\$52.40
L1020			Y	Addition to CTLSO or scoliosis orthosis, kyphosis pad	\$76.83
L1025			Y	Addition to CTLSO or scoliosis orthosis, kyphosis pad, floating	\$93.87
L1030			Y	Addition to CTLSO or scoliosis orthosis, lumbar bolster pad	\$49.19

Prosthetic and Orthotic Devices

Code	Code Status N=New, D=Discontinued, U=Updated	P.A.	Lic	Description	April 1, 2006 Medicaid Max. Allow.
L1040			Y	Addition to CTLSO or scoliosis orthosis, lumbar or lumbar rib pad	\$72.64
L1050			Y	Addition to CTLSO or scoliosis orthosis, sternal pad	\$77.15
L1060			Y	Addition to CTLSO or scoliosis orthosis, thoracic pad	\$84.83
L1070			Y	Addition to CTLSO or scoliosis orthosis, trapezius sling	\$76.66
L1080			Y	Addition to CTLSO or scoliosis orthosis, outrigger	\$47.39
L1085			Y	Addition to CTLSO or scoliosis orthosis, outrigger, bilateral with vertical extensions	\$123.71
L1090			Y	Addition to CTLSO or scoliosis orthosis, lumbar sling	\$74.81
L1100			Y	Addition to CTLSO or scoliosis orthosis, ring flange, plastic or leather	\$135.96
L1110		Y*	Y	Addition to CTLSO or scoliosis orthosis, ring flange, plastic or leather, molded to patient model	\$224.99
L1120		Y*	Y	Addition to CTLSO or scoliosis orthosis, cover for upright, each	\$37.00
L1200		Y*	Y	TLSO, inclusive of furnishing initial orthosis only	\$1,572.58
L1210			Y	Addition to TLSO, (low profile), lateral thoracic extension	\$196.97
L1220			Y	Addition to TLSO, (low profile), anterior thoracic extension	\$204.01
L1230			Y	Addition to TLSO, (low profile), Milwaukee type superstructure	\$427.91
L1240			Y	Addition to TLSO, (low profile), lumbar derotation pad	\$62.47
L1250			Y	Addition to TLSO, (low profile), anterior ASIS pad	\$57.14
L1260			Y	Addition to TLSO, (low profile), anterior thoracic derotation pad	\$60.32
L1270			Y	Addition to TLSO, (low profile), abdominal pad	\$58.32
L1280			Y	Addition to TLSO, (low profile), rib gusset (elastic), each	\$67.56
L1290			Y	Addition to TLSO, (low profile), lateral trochanteric pad	\$60.44
L1300		Y*	Y	Other scoliosis procedure, body jacket molded to patient model	\$1,271.62
L1310		Y*	Y	Other scoliosis procedures, postoperative body jacket	\$1,424.31
L1499		Y	Y	Spinal orthosis, not otherwise specified	BR
L1500		Y		THKAO, mobility frame (Newington, Parapodium types)	\$1,670.18
L1510				THKAO, standing frame; with or without tray accessories; limit of one per client every 5 years.	\$1,063.94
L1520		Y		THKAO, swivel walker	\$2,076.95

Prosthetic and Orthotic Devices

Code	Code Status N=New, D=Discontinued, U=Updated	P.A.	Lic	Description	April 1, 2006 Medicaid Max. Allow.
L1600				HO, abduction control of hip joints, flexible, Frejka type, with cover, prefabricated, includes fitting and adjustment	\$97.00
L1610				HO, abduction control of hip joints, flexible, (Frejka cover only), prefabricated, includes fitting and adjustment	\$33.05
L1620				HO, abduction control of hip joints, flexible, (Pavlik Harness), prefabricated, includes fitting and adjustment	\$106.26
L1630			Y	HO, abduction control of hip joints, semi-flexible (Von Rosen type), prefabricated, includes fitting and adjustment	\$137.77
L1640			Y	HO, abduction control of hip joints, static, pelvic band or spreader bar, thigh cuffs, custom fabricated	\$363.37
L1650				HO, abduction control of hip joints, static, adjustable, (Ilfeld type), prefabricated, includes fitting and adjustment	\$174.28
L1652				Hip orthosis, bilateral thigh cuffs with adjustable abductor spreader bar, adult size, prefabricated, includes fitting and adjustment, any type	\$280.10
L1660				HO, abduction control of hip joints, static, plastic, prefabricated, includes fitting and adjustment	\$139.61
L1680			Y	HO, abduction control of hip joints, dynamic, pelvic control, adjustable hip motion control, thigh cuffs (Rancho hip action type), custom fabricated	\$1,222.90
L1685			Y	HO, abduction control of hip joint, postoperative hip abduction type, custom fabricated	\$895.39
L1686			Y	HO, abduction control of hip joint, postoperative hip abduction type, prefabricated, includes fitting and adjustment	\$696.29
L1690		Y	Y	Combination, bilateral, lumbo-sacral, hip, femur orthosis providing adduction and internal rotation control, prefabricated, includes fitting and adjustment	\$1,519.45
L1700		Y	Y	Legg Perthes orthosis (Toronto type), custom fabricated	\$1,236.32
L1710		Y	Y	Legg Perthes orthosis (Newington type), custom fabricated	\$1,495.83
L1720		Y	Y	Legg Perthes orthosis, trilateral (Tachdijan type), custom fabricated	\$1,043.47
L1730			Y	Legg Perthes orthosis (Scottish Rite type), custom fabricated	\$890.31

Prosthetic and Orthotic Devices

Code	Code Status N=New, D=Discontinued, U=Updated	P.A.	Lic	Description	April 1, 2006 Medicaid Max. Allow.
L1755		Y	Y	Legg Perthes orthosis (Patten bottom type), custom fabricated	\$1,191.80
L1800			***	KO, elastic with stays, prefabricated, includes fitting and adjustment	\$50.83
L1810			***	KO, elastic with joints, prefabricated, includes fitting and adjustment	\$85.82
L1815			***	KO, elastic or other elastic type material with condylar pad(s), prefabricated, includes fitting and adjustment	\$88.48
L1820			***	KO, elastic with condylar pads and joints, prefabricated, includes fitting and adjustment	\$108.58
L1825			***	KO, elastic knee cap, prefabricated, includes fitting and adjustment	\$48.35
L1830			***	KO, Immobilizer, canvas longitudinal, prefabricated, includes fitting and adjustment	\$84.16
L1831				Knee orthosis, locking knee joint(s), positional orthosis, prefabricated, includes fitting and adjustment	\$231.26
L1832				KO, adjustable knee joints (Unicentric or polycentric), positional orthosis, rigid support, prefabricated, includes fitting and adjustment.	\$457.65
L1834		Y	Y	KO, without knee joints, rigid, custom fabricated	\$584.33
L1836				Knee orthosis, rigid, without joint(s), includes soft interface material, prefabricated, includes fitting and adjustment	\$104.84
L1840				KO, derotation, medial-lateral, anterior cruciate ligament, custom fabricated	\$800.64
L1843				KO, single upright, thigh and calf, with adjustable flexion and extension joint (Unicentric or polycentric), medial-lateral and rotation control, prefabricated, includes fitting and adjustment.	\$705.03
L1844		Y		KO, single upright, thigh and calf, with adjustable flexion and extension joint (Unicentric or polycentric), medial-lateral and rotation control, custom fabricated.	\$1,583.74
L1845				KO, double upright, thigh and calf, with adjustable flexion and extension joint (Unicentric or polycentric), medial-lateral and rotation control, prefabricated, includes fitting and adjustment.	\$638.98

Prosthetic and Orthotic Devices

Code	Code Status N=New, D=Discontinued, U=Updated	P.A.	Lic	Description	April 1, 2006 Medicaid Max. Allow.
L1846		Y		KO, double upright, thigh and calf, with adjustable flexion and extension joint (Unicentric or polycentric), medial-lateral and rotation control, custom fabricated.	\$992.62
L1847				KO, double upright with adjustable joint, with inflatable air support chamber(s), prefabricated, includes fitting and adjustment	\$451.94
L1850				KO, Swedish type, prefabricated, includes fitting and adjustment	\$241.96
L1855		Y	Y	KO, molded plastic, thigh and calf sections, with double upright knee joints, custom fabricated	\$864.05
L1858		Y	Y	KO, molded plastic, polycentric knee joints, pneumatic knee pads (CTI), custom fabricated	\$999.60
L1860		Y	Y	KO, modification of supracondylar prosthetic socket, custom fabricated (SK)	\$987.59
L1870		Y	Y	KO, double upright, thigh and calf lacers, with knee joints, custom fabricated	\$876.27
L1880			Y	KO, double upright, nonmolded thigh and calf cuffs/lacers with knee joints, custom fabricated	\$710.40
L1900			Y	AFO, spring wire, dorsiflexion assist calf band, custom fabricated	\$223.88
L1901			***	Ankle orthosis, elastic, prefabricated, includes fitting and adjustment (e.g., neoprene, Lycra)	\$13.91
L1902			***	AFO, ankle gauntlet, prefabricated, includes fitting and adjustment	\$73.68
L1904			Y	AFO, molded ankle gauntlet, custom fabricated	\$353.98
L1906			***	AFO, multiligamentous ankle support, prefabricated, includes fitting and adjustment	\$90.53
L1907			Y	AFO, supramalleolar with straps, with or without interface/pads, custom fabricated	\$442.14
L1910				AFO, posterior, single bar, clasp attachment to shoe counter, prefabricated, includes fitting and adjustment	\$254.63
L1920			Y	AFO, single upright with static or adjustable stop (Phelps or Perlstein type), custom fabricated	\$337.30
L1930				Ankle foot orthosis, plastic or other material, prefabricated, includes fitting and adjustment	\$207.97

Prosthetic and Orthotic Devices

Code	Code Status N=New, D=Discontinued, U=Updated	P.A.	Lic	Description	April 1, 2006 Medicaid Max. Allow.
L1932				AFO, rigid anterior tibial section, total carbon fiber or equal material, prefabricated, includes fitting and adjustment.	\$701.18
L1940			Y	Ankle foot orthosis, plastic or other material, custom fabricated	\$399.91
L1945		Y	Y	AFO, molded to patient model, plastic, rigid anterior tibial section (floor reaction), custom fabricated. See EPA criteria, pages E.5-E.7.	\$786.31
L1950		Y	Y	AFO, spiral, (IRM type), plastic, custom fabricated	\$747.58
L1951		Y	Y	Ankle foot orthosis, spiral, (institute of rehabilitative medicine type), plastic or other material, prefabricated, includes fitting and adjustment	\$659.91
L1960			Y	AFO, posterior solid ankle, plastic, custom fabricated	\$417.24
L1970			Y	AFO, plastic, with ankle joint, custom fabricated	\$556.82
L1971		Y	Y	Ankle foot orthosis, plastic or other material with ankle joint, prefabricated, includes fitting and adjustment	\$368.30
L1980			Y	AFO, single upright free plantar dorsiflexion, solid stirrup, calf band/cuff (single bar "BK" orthosis), custom fabricated	\$353.33
L1990			Y	AFO, double upright free plantar dorsiflexion, solid stirrup, calf band/cuff (double bar "BK" orthosis), custom fabricated	\$426.94
L2000			Y	KAFO, single upright, free knee, free ankle, solid stirrup, thigh and calf bands/cuffs (single bar "AK" orthosis), custom fabricated	\$1,018.01
L2005	U	Y	Y	Knee ankle foot orthosis, any material, single or double upright, stance control, automatic lock and swing phase release, mechanical activation, includes ankle joint, any type, custom fabricated.	\$3,219.82
L2010			Y	KAFO, single upright, free ankle, solid stirrup, thigh and calf bands/cuffs (single bar "AK" orthosis), without knee joint, custom fabricated	\$918.97
L2020			Y	KAFO, double upright, free knee, free ankle, solid stirrup, thigh and calf bands/cuffs (double bar "AK" orthosis), custom fabricated	\$1,171.94

Prosthetic and Orthotic Devices

Code	Code Status N=New, D=Discontinued, U=Updated	P.A.	Lic	Description	April 1, 2006 Medicaid Max. Allow.
L2030			Y	KAFO, double upright, free ankle, solid stirrup, thigh and calf bands/cuffs (double bar "AK" orthosis), without knee joint, custom fabricated	\$1,009.29
L2034		Y	Y	Knee ankle foot orthosis, full plastic, single upright, with or without free motion knee, medial lateral rotation control, with or without free motion.	BR
L2035				KAFO, full plastic, static, (pediatric size), prefabricated, includes fitting and adjustment	\$141.40
L2036		Y	Y	KAFO, full plastic, double upright, with or without free motion knee, with or without free motion ankle, custom fabricated.	\$1,801.70
L2037		Y	Y	KAFO, full plastic, single upright, with or without free motion knee, with or without free motion ankle, custom fabricated.	\$1,486.38
L2038		Y	Y	KAFO, full plastic, with or without free motion knee, with or without free motion ankle, multiaxis ankle, (Lively orthosis or equal), custom fabricated.	\$1,252.13
L2040			Y	HKAFO, torsion control, bilateral rotation straps, pelvic band/belt, custom fabricated	\$171.99
L2050			Y	HKAFO, torsion control, bilateral torsion cables, hip joint, pelvic band/belt, custom fabricated	\$363.67
L2060			Y	HKAFO, torsion control, bilateral torsion cables, ball bearing hip joint, pelvic band/belt, custom fabricated	\$514.90
L2070			Y	HKAFO, torsion control, unilateral rotation straps, pelvic band/belt, custom fabricated	\$101.23
L2080			Y	HKAFO, torsion control, unilateral torsion cable, hip joint, pelvic band/belt, custom fabricated	\$312.12
L2090			Y	HKAFO, torsion control, unilateral torsion cable, ball bearing hip joint, pelvic band/belt, custom fabricated	\$440.10
L2106			Y	AFO, fracture orthosis, tibial fracture cast orthosis, thermoplastic type casting material, custom fabricated	\$527.55
L2108		Y	Y	AFO, fracture orthosis, tibial fracture cast orthosis, custom fabricated	\$902.07
L2112				AFO, fracture orthosis, tibial fracture orthosis, soft, prefabricated, includes fitting and adjustment	\$364.13

Prosthetic and Orthotic Devices

Code	Code Status N=New, D=Discontinued, U=Updated	P.A.	Lic	Description	April 1, 2006 Medicaid Max. Allow.
L2114				AFO, fracture orthosis, tibial fracture orthosis, semi-rigid, prefabricated, includes fitting and adjustment	\$446.83
L2116				AFO, fracture orthosis, tibial fracture orthosis, rigid, prefabricated, includes fitting and adjustment	\$535.89
L2126		Y	Y	KAFO, fracture orthosis, femoral fracture cast orthosis, thermoplastic type casting material, custom fabricated	\$901.39
L2128		Y	Y	KAFO, fracture orthosis, femoral fracture cast orthosis, custom fabricated	\$1,721.03
L2132				KAFO, fracture orthosis, femoral fracture cast orthosis, soft, prefabricated, includes fitting and adjustment	\$607.23
L2134				KAFO, fracture orthosis, femoral fracture cast orthosis, semi-rigid, prefabricated, includes fitting and adjustment	\$761.35
L2136				KAFO, fracture orthosis, femoral fracture cast orthosis, rigid, prefabricated, includes fitting and adjustment	\$890.21
L2180				Addition to lower extremity fracture orthosis, plastic shoe insert with ankle joints	\$88.15
L2182				Addition to lower extremity fracture orthosis, drop lock knee joint	\$81.12
L2184				Addition to lower extremity fracture orthosis, limited motion knee joint	\$93.25
L2186				Addition to lower extremity fracture orthosis, adjustable motion knee joint, Lerman type	\$130.48
L2188				Addition to lower extremity fracture orthosis, quadrilateral brim	\$244.28
L2190				Addition to lower extremity fracture orthosis, waist belt	\$65.74
L2192				Addition to lower extremity fracture orthosis, hip joint, pelvic band, thigh flange, and pelvic belt	\$268.40
L2200				Addition to lower extremity, limited ankle motion, each joint	\$47.72
L2210				Addition to lower extremity, dorsiflexion assist (plantar flexion resist), each joint	\$53.04
L2220				Addition to lower extremity, dorsiflexion and plantar flexion assist/resist, each joint	\$72.86
L2230				Addition to lower extremity, split flat caliper stirrups and plate attachment	\$70.91

Prosthetic and Orthotic Devices

Code	Code Status N=New, D=Discontinued, U=Updated	P.A.	Lic	Description	April 1, 2006 Medicaid Max. Allow.
L2232		Y	Y	Addition to lower extremity orthosis, rocker bottom for total contact ankle foot orthosis, for custom fabricated orthosis only.	BR
L2240				Addition to lower extremity, round caliper and plate attachment	\$63.55
L2250				Addition to lower extremity, foot plate, molded to patient model, stirrup attachment	\$356.64
L2260				Addition to lower extremity, reinforced solid stirrup (Scott-Craig type)	\$150.90
L2265				Addition to lower extremity, long tongue stirrup	\$88.65
L2270				Addition to lower extremity, varus/valgus correction ("T") strap, padded/lined or malleolus pad	\$53.90
L2275				Addition to lower extremity, varus/valgus correction, plastic modification, padded/lined	\$117.73
L2280			Y	Addition to lower extremity, molded inner boot	\$341.37
L2300				Addition to lower extremity, abduction bar (bilateral hip involvement), jointed, adjustable	\$252.69
L2310				Addition to lower extremity, abduction bar, straight	\$123.47
L2320				Addition to lower extremity, nonmolded lacer	\$197.85
L2330			Y	Addition to lower extremity, lacer molded to patient model	\$349.68
L2335				Addition to lower extremity, anterior swing band	\$187.22
L2340			Y	Addition to lower extremity, pretibial shell, molded to patient model	\$415.45
L2350			Y	Addition to lower extremity, prosthetic type, (BK) socket, molded to patient model, (used for "PTB," "AFO" orthoses)	\$756.71
L2360				Addition to lower extremity, extended steel shank	\$51.93
L2370				Addition to lower extremity, Patten bottom	\$206.49
L2375				Addition to lower extremity, torsion control, ankle joint and half solid stirrup	\$85.05
L2380				Addition to lower extremity, torsion control, straight knee joint, each joint	\$94.35
L2385				Addition to lower extremity, straight knee joint, heavy duty, each joint	\$100.83
L2387		Y		Addition to lower extremity, polycentric knee joint, for custom fabricated knee ankle foot orthosis, each joint.	BR
L2390				Addition to lower extremity, offset knee joint, each joint	\$82.40

Prosthetic and Orthotic Devices

Code	Code Status N=New, D=Discontinued, U=Updated	P.A.	Lic	Description	April 1, 2006 Medicaid Max. Allow.
L2395				Addition to lower extremity, offset knee joint, heavy duty, each joint	\$117.78
L2397				Addition to lower extremity orthosis, suspension sleeve	\$99.48
L2405				Addition to knee joint, drop lock, each.	\$68.50
L2415				Addition to knee lock with integrated release mechanism (bail, cable, or equal), any material, each joint	\$95.43
L2425				Addition to knee joint, disc or dial lock for adjustable knee flexion, each joint	\$112.64
L2430				Addition to knee joint, ratchet lock for active and progressive extension, each joint	\$112.64
L2492				Addition to knee joint, lift loop for drop lock ring	\$79.60
L2500				Addition to lower extremity, thigh/weight bearing, gluteal/ischial weight bearing, ring	\$254.97
L2510			Y	Addition to lower extremity, thigh/weight bearing, quadri-lateral brim, molded to patient model	\$621.98
L2520				Addition to lower extremity, thigh/weight bearing, quadri-lateral brim, custom fitted	\$366.43
L2525		Y	Y	Addition to lower extremity, thigh/weight bearing, ischial containment/narrow M-L brim molded to patient model	\$976.79
L2526				Addition to lower extremity, thigh/weight bearing, ischial containment/narrow M-L brim, custom fitted	\$687.46
L2530				Addition to lower extremity, thigh/weight bearing, lacer, nonmolded	\$184.68
L2540			Y	Addition to lower extremity, thigh/weight bearing, lacer, molded to patient model	\$401.43
L2550				Addition to lower extremity, thigh/weight bearing, high roll cuff	\$235.90
L2570				Addition to lower extremity, pelvic control, hip joint Clevis type, two position joint, each	\$369.37
L2580				Addition to lower extremity, pelvic control, pelvic sling	\$412.89
L2600				Addition to lower extremity, pelvic control, hip joint, Clevis type, or thrust bearing, free, each	\$179.07
L2610				Addition to lower extremity, pelvic control, hip joint, Clevis or thrust bearing, lock, each	\$215.81

Prosthetic and Orthotic Devices

Code	Code Status N=New, D=Discontinued, U=Updated	P.A.	Lic	Description	April 1, 2006 Medicaid Max. Allow.
L2620				Addition to lower extremity, pelvic control, hip joint, heavy-duty, each	\$236.75
L2622				Addition to lower extremity, pelvic control, hip joint, adjustable flexion, each	\$230.84
L2624				Addition to lower extremity, pelvic control, hip joint, adjustable flexion, extension, abduction control, each	\$249.27
L2627		Y	Y	Addition to lower extremity, pelvic control, plastic, molded to patient model, reciprocating hip joint and cables	\$1,290.44
L2628		Y		Addition to lower extremity, pelvic control, metal frame, reciprocating hip joint and cables	\$1,681.54
L2630				Addition to lower extremity, pelvic control, band and belt, unilateral	\$196.90
L2640				Addition to lower extremity, pelvic control, band and belt, bilateral	\$306.87
L2650				Addition to lower extremity, pelvic and thoracic control, gluteal pad, each	\$120.45
L2660				Addition to lower extremity, thoracic control, thoracic band	\$140.30
L2670				Addition to lower extremity, thoracic control, paraspinal uprights	\$132.75
L2680				Addition to lower extremity, thoracic control, lateral support uprights	\$117.80
L2750			Y	Addition to lower extremity orthosis, plating chrome or nickel, per bar	\$73.92
L2755			Y	Addition to lower extremity orthosis, high strength, lightweight material, all hybrid lamination/prepreg composite, per segment	\$102.68
L2760				Addition to lower extremity orthosis, extension, per extension, per bar (for lineal adjustment for growth)	\$46.70
L2768		Y	Y	Orthotic side bar disconnect device, per bar	\$102.38
L2770			Y	Addition to lower extremity orthosis, any material, per bar or joint	\$46.48
L2780			Y	Addition to lower extremity orthosis, noncorrosive finish, per bar	\$67.92
L2785				Addition to lower extremity orthosis, drop lock retainer, each	\$26.34

Prosthetic and Orthotic Devices

Code	Code Status N=New, D=Discontinued, U=Updated	P.A.	Lic	Description	April 1, 2006 Medicaid Max. Allow.
L2795				Addition to lower extremity orthosis, knee control, full kneecap	\$79.29
L2800				Addition to lower extremity orthosis, knee control, kneecap, medial or lateral pull	\$92.04
L2810				Addition to lower extremity orthosis, knee control, condylar pad	\$58.79
L2820			Y	Addition to lower extremity orthosis, soft interface for molded plastic, below knee section	\$65.37
L2830			Y	Addition to lower extremity orthosis, soft interface for molded plastic, above knee section	\$70.72
L2840				Addition to lower extremity orthosis, tibial length sock, fracture or equal, each	\$32.89
L2850				Addition to lower extremity orthosis, femoral length sock, fracture or equal, each	\$46.61
L2860				Addition to lower extremity joint, knee or ankle, concentric adjustable torsion style mechanism, each	#
L2999		Y	Y	Lower extremity orthoses, not otherwise specified	BR
L3000	U	Y		Foot insert, removable, molded to patient model, "UCB" type, Berkeley Shell, each See EPA criteria, pages E.5-E.7.	\$246.83
L3001				Foot insert, removable, molded to patient model, Spenco, each.	#
L3002				Foot insert, removable, molded to patient model, Plastazote or equal, each	#
L3003				Foot insert, removable, molded to patient model, silicone gel, each	#
L3010				Foot insert, removable, molded to patient model, longitudinal arch support, each	#
L3020				Foot insert, removable, molded to patient model, longitudinal/metatarsal support, each	#
L3030	U	Y		Foot insert, removable, formed to patient foot, each. See EPA Criteria, pages E.5-E.7.	\$59.97
L3031		Y		Foot, insert/plate, removable, addition to lower extremity orthosis, high strength, lightweight material, all hybrid lamination/prepreg composite, each	BR

Prosthetic and Orthotic Devices

Code	Code Status N=New, D=Discontinued, U=Updated	P.A.	Lic	Description	April 1, 2006 Medicaid Max. Allow.
L3040				Foot, arch support, removable, premolded, longitudinal, each	#
L3050				Foot, arch support, removable, premolded, metatarsal, each	#
L3060				Foot, arch support, removable, premolded longitudinal/metatarsal, each	#
L3070				Foot, arch support, nonremovable, attached to shoe, longitudinal, each	#
L3080				Foot, arch support, nonremovable, attached to shoe, metatarsal, each	#
L3090				Foot, arch support, nonremovable, attached to shoe, longitudinal/metatarsal, each	#
L3100	U			Hallus-Valgus night dynamic splint	\$33.97
L3140	U			Foot, abduction rotation bar, including shoes	\$69.96
L3150	U			Foot, abduction rotation bar, without shoes	\$63.96
L3160				Foot, adjustable shoe-styled positioning device	#
L3170		Y		Foot, plastic, silicone or equal, heel stabilizer, each.	BR
L3201				Orthopedic shoe, oxford with supinator or pronator, infant	#
L3202				Orthopedic shoe, oxford with supinator or pronator, child	#
L3203				Orthopedic shoe, oxford with supinator or pronator, junior	#
L3204				Orthopedic shoe, hightop with supinator or pronator, infant	#
L3206				Orthopedic shoe, hightop with supinator or pronator, child	#
L3207				Orthopedic shoe, hightop with supinator or pronator, junior	#
L3208				Surgical boot, each, infant	#
L3209				Surgical boot, each, child	#
L3211				Surgical boot, each, junior	#
L3212				Benesch boot, pair, infant	#
L3213				Benesch boot, pair, child	#
L3214				Benesch boot, pair, junior	#
L3215		Y		Orthopedic footwear, ladies shoe, oxford, each. See EPA criteria, pages E.5-E.7.	\$84.34
L3216				Orthopedic footwear, ladies shoe, depth inlay, each.	#
L3217				Orthopedic footwear, ladies shoe, hightop, depth inlay, each.	#

Prosthetic and Orthotic Devices

Code	Code Status N=New, D=Discontinued, U=Updated	P.A.	Lic	Description	April 1, 2006 Medicaid Max. Allow.
L3219		Y		Orthopedic footwear, mens shoe, oxford, each. See EPA criteria, pages E.5-E.7.	\$97.02
L3221				Orthopedic footwear, mens shoe, each. depth inlay.	#
L3222				Orthopedic footwear, mens shoe, hightop, depth inlay, each.	#
L3224				Orthopedic footwear, woman's shoe, oxford, used as an integral part of brace (orthosis)	#
L3225				Orthopedic footwear, man's shoe, oxford, used as an integral part of a brace (orthosis)	#
L3230		Y		Orthopedic footwear, custom shoe, depth inlay, each.	\$277.90
L3250				Orthopedic footwear, custom molded shoe, removable inner mold, prosthetic shoe, each	#
L3251				Foot, shoe molded to patient model, silicone shoe, each	#
L3252				Foot, shoe molded to patient model, Plastazote (or similar), custom fabricated, each	#
L3253				Foot, molded shoe Plastazote (or similar), custom fitted, each	#
L3254				Nonstandard size or width	#
L3255				Nonstandard size or length	#
L3257				Orthopedic footwear, additional charge for split size	#
L3260				Surgical boot/shoe, each	#
L3265				Plastazote sandal, each	#
L3300				Lift, elevation, heel, tapered to metatarsals, per inch	#
L3310	U	Y		Lift, elevation, heel and sole, neoprene, per inch. See EPA criteria E.5-E.7.	\$63.96
L3320	U	Y		Lift, elevation, heel and sole, cork, per inch. See EPA criteria E.5-E.7.	\$63.96
L3330				Lift, elevation, metal extension (skate)	#
L3332				Lift, elevation, inside shoe, tapered, up to one-half inch	#
L3334	U	Y		Lift, elevation, heel, per inch. See EPA criteria E.5-E.7.	\$29.98
L3340	U	Y		Heel wedge, SACH	\$66.96
L3350	U	Y		Heel wedge	\$18.00
L3360	U	Y		Sole wedge, outside sole	\$27.98
L3370				Sole wedge, between sole	#
L3380				Clubfoot wedge	#

Prosthetic and Orthotic Devices

Code	Code Status N=New, D=Discontinued, U=Updated	P.A.	Lic	Description	April 1, 2006 Medicaid Max. Allow.
L3390				Outflare wedge	#
L3400	U	Y		Metatarsal bar wedge, rocker	\$31.99
L3410	U	Y		Metatarsal bar wedge, between sole	\$72.94
L3420	U	Y		Full sole and heel wedge, between sole	\$42.97
L3430	U			Heel, counter, plastic reinforced	\$125.92
L3440				Heel, counter, leather reinforced	#
L3450				Heel, SACH cushion type	#
L3455				Heel, new leather, standard	#
L3460				Heel, new rubber, standard	#
L3465				Heel, Thomas with wedge	#
L3470				Heel, Thomas extended to ball	#
L3480				Heel, pad and depression for spur	#
L3485				Heel, pad, removable for spur	#
L3500				Orthopedic shoe addition, insole, leather	#
L3510				Orthopedic shoe addition, insole, rubber	#
L3520				Orthopedic shoe addition, insole, felt covered with leather	#
L3530				Orthopedic shoe addition, sole, half	#
L3540				Orthopedic shoe addition, sole, full	#
L3550				Orthopedic shoe addition, toe tap, standard	#
L3560				Orthopedic shoe addition, toe tap, horseshoe	#
L3570				Orthopedic shoe addition, special extension to instep (leather with eyelets)	#
L3580				Orthopedic shoe addition, convert instep to velcro closure	#
L3590				Orthopedic shoe addition, convert firm shoe counter to soft counter	#
L3595				Orthopedic shoe addition, March bar	#
L3600				Transfer of an orthosis from one shoe to another, caliper plate, existing	#
L3610				Transfer of an orthosis from one shoe to another, caliper plate, new	#
L3620	U			Transfer of an orthosis from one shoe to another, solid stirrup, existing. (One in a 12-month period allowed without prior authorization)	\$59.97
L3630				Transfer of an orthosis from one shoe to another, solid stirrup, new	#

(Rev. 3/31/2006) (Eff. 4/1/2006)

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Fee Schedule

Prosthetic and Orthotic Devices

Code	Code Status N=New, D=Discontinued, U=Updated	P.A.	Lic	Description	April 1, 2006 Medicaid Max. Allow.
L3640				Transfer of an orthosis from one shoe to another, Dennis Browne splint (Riveton), both shoes	#
L3649				Orthopedic shoe, modification, addition or transfer, not otherwise specified	#
L3650			***	SO, figure of eight design abduction restrainer, prefabricated, includes fitting and adjustment	\$46.56
L3651			***	Shoulder orthosis, single shoulder, elastic, prefabricated, includes fitting and adjustment (e.g., neoprene, Lycra)	\$47.09
L3652			***	Shoulder orthosis, double shoulder, elastic, prefabricated, includes fitting and adjustment (e.g., neoprene, Lycra)	\$141.90
L3660			***	SO, figure of eight design abduction restrainer, canvas and webbing, prefabricated, includes fitting and adjustment	\$75.71
L3670			***	SO, acromio/clavicular (canvas and webbing type) , prefabricated, includes fitting and adjustment	\$86.58
L3671		Y	Y	Shoulder orthosis, shoulder cap design, without joints, may include soft interface, straps, custom fabricated, includes fitting and adjustment.	BR
L3672		Y	Y	Shoulder orthosis, abduction positioning (airplane design), thoracic component and support bar, without joints, may include soft interface, straps, custom.	BR
L3673		Y		Shoulder orthosis, abduction positioning (airplane design), thoracic component and support bar, includes nontorsion joint/turnbuckle, may include soft.	BR
L3675				SO, vest type abduction restrainer, canvas webbing type, or equal, prefabricated, includes fitting and adjustment	#
L3677		Y	Y	Shoulder orthosis, hard plastic, shoulder stabilizer, prefabricated, includes fitting and adjustment	BR
L3700			***	EO, elastic with stays, prefabricated, includes fitting and adjustment	\$58.06
L3701			***	Elbow orthosis, elastic, prefabricated, includes fitting and adjustment (e.g., neoprene, Lycra)	\$14.56
L3702		Y	Y	Elbow orthosis, without joints, may include soft interface, straps, custom fabricated, includes fitting and adjustment.	BR
L3710			***	EO, elastic with metal joints, prefabricated, includes fitting and adjustment	\$91.06

Prosthetic and Orthotic Devices

Code	Code Status N=New, D=Discontinued, U=Updated	P.A.	Lic	Description	April 1, 2006 Medicaid Max. Allow.
L3720				EO, double upright with forearm/arm cuffs, free motion, custom fabricated	\$575.48
L3730		Y	Y	EO, double upright with forearm/arm cuffs, extension/flexion assist, custom fabricated	\$774.24
L3740		Y	Y	EO, double upright with forearm/arm cuffs, adjustable position lock with active control, custom fabricated	\$790.36
L3760				Elbow orthosis, with adjustable position, locking joints, prefabricated, includes fitting and adjustment, any type	\$357.62
L3762			***	Elbow orthosis, rigid, without joints, includes soft interface material, prefabricated, includes fitting and adjustment	\$76.89
L3763		Y	Y	Elbow wrist hand orthosis, rigid, without joints, may include soft interface, straps, custom fabricated, includes fitting and adjustment	BR
L3764		Y	Y	Elbow wrist hand orthosis, includes one or more nontorsion joints, elastic bands, turnbuckles, may include soft interface, straps, custom fabricated,	BR
L3765		Y	Y	Elbow wrist hand finger orthosis, rigid, without joints, may include soft interface, straps, custom fabricated, includes fitting and adjustment.	BR
L3766		Y	Y	Elbow wrist hand finger orthosis, includes one or more nontorsion joints, elastic bands, turnbuckles, may include soft interface, straps, custom.	BR
L3800				WHFO, short opponens, no attachments, custom fabricated	\$195.83
L3805				WHFO, long opponens, no attachments, custom fabricated	\$241.53
L3807				WHFO without joint(s), prefabricated, includes fitting and adjustment, any type	\$178.81
L3810				WHFO, addition to short and long opponens, thumb abduction ("C") Bar	\$47.74
L3815				WHFO, addition to short and long opponens, second M.P. abduction assist	\$44.32
L3820				WHFO, addition to short and long opponens, I.P. extension assist, with M. P. extension stop	\$76.12

Prosthetic and Orthotic Devices

Code	Code Status N=New, D=Discontinued, U=Updated	P.A.	Lic	Description	April 1, 2006 Medicaid Max. Allow.
L3825				WHFO, addition to short and long opponens, M.P. extension stop	\$49.42
L3830				WHFO, addition to short and long opponens, M.P. extension assist	\$63.79
L3835				WHFO, addition to short and long opponens, M.P. spring extension assist	\$90.14
L3840				WHFO, addition to short and long opponens, spring swivel thumb	\$46.30
L3845				WHFO, addition to short and long opponens, thumb I.P. extension assist, with M.P. stop	\$67.99
L3850				WHO, addition to short and long opponens, action wrist, with dorsiflexion assist	\$85.41
L3855				WHFO, addition to short and long opponens, adjustable M.P. flexion control	\$86.10
L3860				WHFO, addition to short and long opponens, adjustable M.P. flexion control and I.P.	\$117.86
L3890				Addition to upper extremity joint, wrist or elbow, concentric adjustable torsion style mechanism, each	#
L3900			Y	WHFO, dynamic flexor hinge, reciprocal wrist extension/flexion, finger flexion/extension, wrist or finger driven, custom fabricated	\$1,072.74
L3901		Y	Y	WHFO, dynamic flexor hinge, reciprocal wrist extension/flexion, finger flexion/extension, cable driven, custom fabricated	\$1,326.23
L3902		Y	Y	WHFO, external powered, compressed gas, custom fabricated	BR
L3904		Y	Y	WHFO, external powered, electric, custom fabricated	\$2,157.12
L3905		Y	Y	Wrist hand orthosis, includes one or more nontorsion joints, elastic bands, turnbuckles, may include soft interface, straps, custom fabricated, includes	BR
L3906				WHO, without joints, may include soft interface, straps, custom fabricated, includes fitting and adjustment.	\$305.26
L3907				WHFO, wrist gauntlet with thumb spica, molded to patient model, custom fabricated	\$374.18

Prosthetic and Orthotic Devices

Code	Code Status N=New, D=Discontinued, U=Updated	P.A.	Lic	Description	April 1, 2006 Medicaid Max. Allow.
L3908			***	WHO, wrist extension control cock-up, nonmolded, prefabricated, includes fitting and adjustments	\$58.85
L3909			***	Wrist orthosis, elastic, prefabricated, includes fitting and adjustment (e.g., neoprene, Lycra)	\$10.09
L3910				WHFO, Swanson design, prefabricated, includes fitting and adjustments	\$276.30
L3911				Wrist hand finger orthosis, elastic, prefabricated, includes fitting and adjustments (e.g., neoprene, Lycra)	\$17.71
L3912			***	HFO, flexion glove with elastic finger control, prefabricated, includes fitting and adjustments	\$93.14
L3914			***	WHO, wrist extension cock-up, prefabricated, includes fitting and adjustments	\$73.22
L3916				WHFO, wrist extension cock-up, with outrigger, prefabricated, includes fitting and adjustments	\$99.20
L3917				Hand orthosis, metacarpal fracture orthosis, prefabricated, includes fitting	\$75.54
L3918				HFO, knuckle bender, prefabricated, includes fitting and adjustments	\$62.74
L3919		Y	Y	Hand orthosis, without joints, may include soft interface, straps, custom fabricated, includes fitting and adjustment.	BR
L3920				HFO, knuckle bender, with outrigger, prefabricated, includes fitting and adjustments	\$82.38
L3921		Y	Y	Hand finger orthosis, includes one or more nontorsion joints, elastic bands, turnbuckles, may include soft interface, straps, custom fabricated, includes	BR
L3922				HFO, knuckle bender, two segment to flex joints, prefabricated, includes fitting and adjustments	\$96.04
L3923				HFO, without joints, may include soft interface, straps, prefabricated, includes fitting and adjustment. Description was revised.	\$27.82
L3924				WHFO, Oppenheimer, prefabricated, includes fitting and adjustments	\$104.73
L3926				WHFO, Thomas suspension, prefabricated, includes fitting and adjustments	\$72.68

Prosthetic and Orthotic Devices

Code	Code Status N=New, D=Discontinued, U=Updated	P.A.	Lic	Description	April 1, 2006 Medicaid Max. Allow.
L3928			***	HFO, finger extension, with clock spring, prefabricated, includes fitting and adjustments	\$46.75
L3930			***	WHFO, finger extension, with wrist support, prefabricated, includes fitting and adjustments	\$45.32
L3932			***	FO, safety pin, spring wire, prefabricated, includes fitting and adjustments	\$40.06
L3933		Y	Y	Finger orthosis, without joints, may include soft interface, custom fabricated, includes fitting and adjustment.	BR
L3934			***	FO, safety pin, modified, prefabricated, includes fitting and adjustments	\$47.32
L3935		Y	Y	Finger orthosis, nontorsion joint, may include soft interface, custom fabricated, includes fitting and adjustment.	BR
L3936				WHFO, Palmer, prefabricated, includes fitting and adjustments	\$87.49
L3938				WHFO, dorsal wrist, prefabricated, includes fitting and adjustments	\$90.04
L3940				WHFO, dorsal wrist, with outrigger attachment, prefabricated, includes fitting and adjustments	\$105.58
L3942				HFO, reverse knuckle bender, prefabricated, includes fitting and adjustments	\$57.24
L3944				HFO, reverse knuckle bender, with outrigger, prefabricated, includes fitting and adjustments	\$77.45
L3946				HFO, composite elastic, prefabricated, includes fitting and adjustments	\$87.04
L3948				FO, finger knuckle bender, prefabricated, includes fitting and adjustments	\$40.95
L3950				WHFO, combination Oppenheimer, with knuckle bender and two attachments, prefabricated, includes fitting and adjustments	\$129.64
L3952				WHFO, combination Oppenheimer, with reverse knuckle and two attachments, prefabricated, includes fitting and adjustments	\$163.46
L3954				HFO, spreading hand, prefabricated, includes fitting and adjustments	\$89.46

Prosthetic and Orthotic Devices

Code	Code Status N=New, D=Discontinued, U=Updated	P.A.	Lic	Description	April 1, 2006 Medicaid Max. Allow.
L3956		Y	Y	Addition of joint to upper extremity orthosis, any material; per joint	BR
L3960				SEWHO, abduction positioning, airplane design, prefabricated, includes fitting and adjustments	\$608.72
L3961		Y	Y	Shoulder elbow wrist hand orthosis, shoulder cap design, without joints, may include soft interface, straps, custom fabricated, includes fitting and	BR
L3962				SEWHO, abduction positioning, Erb's palsy design, prefabricated, includes fitting and adjustments	\$657.81
L3964				SEO, mobile arm support attached to wheelchair, balanced, adjustable, prefabricated, includes fitting and adjustments	#
L3965				SEO, mobile arm support attached to wheelchair, balanced, adjustable Rancho type, prefabricated, includes fitting and adjustments	#
L3966				SEO, mobile arm support attached to wheelchair, balanced, reclining, prefabricated, includes fitting and adjustments	#
L3967		Y		Shoulder elbow wrist hand orthosis, abduction positioning (airplane design), thoracic component and support bar, without joints, may include soft interface,	BR
L3968				SEO, mobile arm support attached to wheelchair, balanced, friction arm support (friction dampening to proximal and distal joints), prefabricated, includes fitting and adjustments	#
L3969		Y		SEO, mobile arm support, monosuspension arm and hand support, overhead elbow forearm hand sling support, yoke type arm suspension support, prefabricated, includes fitting and adjustments	\$660.74
L3970				SEO, addition to mobile arm support, elevating proximal arm	\$242.49
L3971		Y		Shoulder elbow wrist hand orthosis, shoulder cap design, includes one or more nontorsion joints, elastic bands, turnbuckles, may include soft interface	BR

Prosthetic and Orthotic Devices

Code	Code Status N=New, D=Discontinued, U=Updated	P.A.	Lic	Description	April 1, 2006 Medicaid Max. Allow.
L3972				SEO, addition to mobile arm support, offset or lateral rocker arm with elastic balance control	\$142.86
L3973		Y		Shoulder elbow wrist hand orthosis, abduction positioning (airplane design), thoracic component and support bar, includes one or more nontorsion joints	BR
L3974				SEO, addition to mobile arm support, supinator	\$142.55
L3975		Y	Y	Shoulder elbow wrist hand finger orthosis, shoulder cap design, without joints, may include soft interface, straps, custom fabricated, includes fitting and	BR
L3976		Y		Shoulder elbow wrist hand finger orthosis, abduction positioning (airplane design), thoracic component and support bar, without joints, may include soft	BR
L3977		Y		Shoulder elbow wrist hand finger orthosis, shoulder cap design, includes one or more nontorsion joints, elastic bands, turnbuckles, may include soft interface,	BR
L3978		Y		Shoulder elbow wrist hand finger orthosis, abduction positioning (airplane design), thoracic component and support bar, includes one or more nontorsion	BR
L3980			***	Upper extremity fracture orthosis, humeral, prefabricated, includes fitting and adjustments	\$227.72
L3982				Upper extremity fracture orthosis, radius/ulnar, prefabricated, includes fitting and adjustments	\$274.99
L3984				Upper extremity fracture orthosis, wrist, prefabricated, includes fitting and adjustments	\$264.62
L3985			Y	Upper extremity fracture orthosis, forearm, hand with wrist hinge, custom fabricated	\$469.09
L3986			Y	Upper extremity fracture orthosis, combination of humeral, radius/ulnar, wrist (example: Colles' fracture), custom fabricated	\$453.76
L3995				Addition to upper extremity orthosis, sock, fracture or equal, each	\$26.74
L3999		Y	Y	Upper limb orthosis, not otherwise specified	BR
L4000		Y	Y	Replace girdle for spinal orthosis (CTLSO or SO)	\$1,090.39
L4002		Y	Y	Replacement strap, any orthosis, includes all components, any length, any type.	BR

Prosthetic and Orthotic Devices

Code	Code Status N=New, D=Discontinued, U=Updated	P.A.	Lic	Description	April 1, 2006 Medicaid Max. Allow.
L4010			Y	Replace trilateral socket brim	\$602.47
L4020			Y	Replace quadrilateral socket brim, molded to patient model	\$721.32
L4030			Y	Replace quadrilateral socket brim, custom fitted	\$497.38
L4040			Y	Replace molded thigh lacer	\$409.70
L4045			Y	Replace nonmolded thigh lacer	\$249.09
L4050			Y	Replace molded calf lacer	\$374.43
L4055			Y	Replace nonmolded calf lacer	\$204.14
L4060			Y	Replace high roll cuff	\$304.16
L4070			Y	Replace proximal and distal upright for KAFO	\$250.75
L4080			Y	Replace metal bands KAFO, proximal thigh	\$90.17
L4090			Y	Replace metal bands KAFO-AFO, calf or distal thigh	\$90.56
L4100			Y	Replace leather cuff KAFO, proximal thigh	\$104.69
L4110			Y	Replace leather cuff KAFO-AFO, calf or distal thigh	\$85.11
L4130			Y	Replace pretibial shell	\$497.96
L4205		Y	Y	Repair of orthotic device, labor component, per 15 minutes	\$17.30
L4210		Y	Y	Repair of orthotic device, repair or replace minor parts	BR
L4350			***	Pneumatic ankle control splint (e.g., aircast), prefabricated, includes fitting and adjustments	\$74.10
L4360		Y		Pneumatic ankle foot orthosis, with or without joints, prefabricated, includes fitting and adjustments	\$277.90
L4370		Y	***	Pneumatic full leg splint (e.g., aircast), prefabricated, includes fitting and adjustments	\$189.48
L4380			***	Pneumatic knee splint (e.g., aircast), prefabricated, includes fitting and adjustments	\$103.70
L4386		Y	***	Non-pneumatic walking splint, with or without joints, prefabricated, includes fitting and adjustments	\$124.58
L4392				Replacement soft interface material, static AFO	#
L4394				Replace soft interface material, foot drop splint	#
L4396		Y		Static ankle foot orthosis, including soft interface material, adjustable for fit, for positioning, pressure reduction, may be used for minimal ambulation, prefabricated, includes fitting and adjustment	\$129.66

Prosthetic and Orthotic Devices

Code	Code Status N=New, D=Discontinued, U=Updated	P.A.	Lic	Description	April 1, 2006 Medicaid Max. Allow.
L4398				Foot drop splint, recumbent positioning device, prefabricated, includes fitting and adjustment	#
L5000			Y	Partial foot, shoe insert with longitudinal arch, toe filler	\$405.20
L5010			Y	Partial foot, molded socket, ankle height, with toe filler	\$976.35
L5020			Y	Partial foot, molded socket, tibial tubercle height, with toe filler	\$1,810.65
L5050			Y	Ankle, Symes, molded socket, SACH Foot	\$2,161.80
L5060		Y	Y	Ankle, Symes, metal frame, molded leather socket, articulated ankle/foot	\$2,868.66
L5100			Y	Below knee, molded socket, shin, SACH foot	\$2,240.73
L5105		Y	Y	Below knee, plastic socket, joints and thigh lacer, SACH foot	\$3,162.42
L5150		Y	Y	Knee disarticulation (or through knee), molded socket, external knee joints, shin, SACH foot	\$3,269.91
L5160		Y	Y	Knee disarticulation (or through knee), molded socket, bent knee configuration, external knee joints, shin, SACH foot	\$3,989.39
L5200			Y	Above knee, molded socket, single axis constant friction knee, shin, SACH foot	\$3,266.78
L5210			Y	Above knee, short prosthesis, no knee joint ("stubbies"), with foot blocks, no ankle joints, each	\$2,594.72
L5220		Y	Y	Above knee, short prosthesis, no knee joint ("stubbies"), with articulated ankle/foot, dynamically aligned, each	\$2,949.37
L5230		Y	Y	Above knee, for proximal femoral focal deficiency, constant friction knee, shin, SACH foot	\$3,944.60
L5250		Y	Y	Hip disarticulation, Canadian type; molded socket, hip joint, single axis constant friction knee, shin, SACH foot	\$5,133.11
L5270		Y	Y	Hip disarticulation, tilt table type; molded socket, locking hip joint, single axis constant friction knee, shin, SACH foot	\$5,499.47
L5280		Y	Y	Hemipelvectomy, Canadian type; molded socket, hip joint, single axis constant friction knee, shin, SACH foot	\$5,444.47
L5301			Y	Below knee, molded socket, shin, SACH foot, endoskeletal system	\$2,246.78
L5311			Y	Knee disarticulation (or through knee), molded socket, external knee joints, shin, SACH foot, endoskeletal system	\$3,527.05

Prosthetic and Orthotic Devices

Code	Code Status N=New, D=Discontinued, U=Updated	P.A.	Lic	Description	April 1, 2006 Medicaid Max. Allow.
L5321			Y	Above knee, molded socket, open end, SACH foot, endoskeletal system, single axis knee	\$3,470.89
L5331			Y	Hip disarticulation, Canadian type, molded socket, endoskeletal system, hip joint, single axis knee, SACH foot	\$4,924.78
L5341			Y	Hemipelvectomy, Canadian type, molded socket, endoskeletal system, hip joint, single axis knee, SACH foot	\$5,140.13
L5400			Y	Immediate postsurgical or early fitting, application of initial rigid dressing, including fitting, alignment, suspension, and one cast change, below knee	\$1,072.47
L5410			Y	Immediate postsurgical or early fitting, application of initial rigid dressing, including fitting, alignment and suspension, below knee, each additional cast change and realignment	\$412.25
L5420			Y	Immediate postsurgical or early fitting, application of initial rigid dressing, including fitting, alignment and suspension and one cast change AK or knee disarticulation	\$1,295.39
L5430			Y	Immediate postsurgical or early fitting, application of initial rigid dressing, including fitting, alignment and suspension, AK or knee disarticulation, each additional cast change and realignment	\$404.33
L5450			Y	Immediate postsurgical or early fitting, application of nonweight bearing rigid dressing, below knee	\$353.84
L5460			Y	Immediate postsurgical or early fitting, application of nonweight bearing rigid dressing, above knee	\$468.51
L5500			Y	Initial, below knee PTB type socket, non-alignable system, pylon, no cover, SACH foot, plaster socket, direct formed	\$1,029.99
L5505		Y	Y	Initial, above knee – knee disarticulation, ischial level socket, non-alignable system, pylon, no cover, SACH foot plaster socket, direct formed	\$1,394.88
L5510			Y	Preparatory, below knee PTB type socket, non-alignable system, pylon, no cover, SACH foot, plaster socket, molded to model. (Limit one per client per lifetime per limb.)	\$1,265.14
L5520			Y	Preparatory, below knee PTB type socket, non-alignable system, pylon, no cover, SACH foot, thermoplastic or equal, direct formed. (Limit one per client per lifetime per limb.)	\$1,153.27

Prosthetic and Orthotic Devices

Code	Code Status N=New, D=Discontinued, U=Updated	P.A.	Lic	Description	April 1, 2006 Medicaid Max. Allow.
L5530		Y	Y	Preparatory, below knee PTB type socket, non-alignable system, pylon, no cover, SACH foot, thermoplastic or equal, molded to model	\$1,609.41
L5535		Y	Y	Preparatory, below knee PTB type socket, non-alignable system, pylon, no cover, SACH foot, prefabricated, adjustable open end socket.	\$1,662.40
L5540		Y	Y	Preparatory, below knee PTB type socket, non-alignable system, pylon, no cover, SACH foot, laminated socket, molded to model	\$1,774.39
L5560		Y	Y	Preparatory, above knee – knee disarticulation, ischial level socket, non-alignable system, pylon, no cover, SACH foot, plaster socket, molded to model	\$1,733.49
L5570		Y	Y	Preparatory, above knee - knee disarticulation, ischial level socket, non-alignable system, pylon, no cover, SACH foot, thermoplastic or equal, direct formed	\$1,823.29
L5580		Y	Y	Preparatory, above knee – knee disarticulation, ischial level socket, non-alignable system, pylon, no cover, SACH foot, thermoplastic or equal, molded to model	\$2,088.71
L5585		Y	Y	Preparatory, above knee – knee disarticulation, ischial level socket, non-alignable system, pylon, no cover, SACH foot, prefabricated adjustable open end socket	\$2,314.99
L5590		Y	Y	Preparatory, above knee – knee disarticulation, ischial level socket, non-alignable system, pylon, no cover, SACH foot, laminated socket, molded to model	\$2,026.68
L5595		Y	Y	Preparatory, hip disarticulation – hemipelvectomy, pylon, no cover, SACH foot, thermoplastic or equal, molded to patient model	\$3,620.26
L5600		Y	Y	Preparatory, hip disarticulation – hemipelvectomy, pylon, no cover, SACH foot, laminated socket, molded to patient model	\$4,563.08
L5610		Y	Y	Addition to lower extremity, endoskeletal system, above knee, hydracandence system	\$2,130.15
L5611		Y	Y	Addition to lower extremity, endoskeletal system, above knee - knee disarticulation, 4-bar linkage, with friction swing phase control	\$1,414.90

Prosthetic and Orthotic Devices

Code	Code Status N=New, D=Discontinued, U=Updated	P.A.	Lic	Description	April 1, 2006 Medicaid Max. Allow.
L5613		Y	Y	Addition to lower extremity, endoskeletal system, above knee - knee disarticulation, 4-bar linkage, with hydraulic swing phase control	\$1,965.38
L5614		Y	Y	Addition to lower extremity, endoskeletal system, above knee - knee disarticulation, 4-bar linkage, with pneumatic swing phase control	\$1,328.51
L5616			Y	Addition to lower extremity, endoskeletal system, above knee, universal multiplex system, friction swing phase control	\$1,089.20
L5617			Y	Addition to lower extremity, quick change self-aligning unit, above or below knee, each	\$440.50
L5618			Y	Addition to lower extremity, test socket, Symes	\$250.52
L5620			Y	Addition to lower extremity, test socket, below knee	\$237.89
L5622			Y	Addition to lower extremity, test socket, knee disarticulation	\$335.50
L5624			Y	Addition to lower extremity, test socket, above knee	\$302.05
L5626			Y	Addition to lower extremity, test socket, hip disarticulation	\$438.52
L5628			Y	Addition to lower extremity, test socket, hemipelvectomy	\$484.88
L5629			Y	Addition to lower extremity, below knee, acrylic socket	\$254.87
L5630			Y	Addition to lower extremity, Symes type, expandable wall socket	\$406.16
L5631			Y	Addition to lower extremity, above knee or knee disarticulation, acrylic socket	\$352.37
L5632			Y	Addition to lower extremity, Symes type, PTB brim design socket	\$237.43
L5634			Y	Addition to lower extremity, Symes type, posterior opening (Canadian) socket	\$282.85
L5636			Y	Addition to lower extremity, Symes type, medial opening socket	\$252.09
L5637			Y	Addition to lower extremity, below knee, total contact	\$238.76
L5638		Y	Y	Addition to lower extremity, below knee, leather socket	\$442.43
L5639		Y	Y	Addition to lower extremity, below knee, wood socket	\$1,013.41
L5640		Y	Y	Addition to lower extremity, knee disarticulation, leather socket	\$671.18
L5642		Y	Y	Addition to lower extremity, above knee, leather socket	\$662.50

Prosthetic and Orthotic Devices

Code	Code Status N=New, D=Discontinued, U=Updated	P.A.	Lic	Description	April 1, 2006 Medicaid Max. Allow.
L5643		Y	Y	Addition to lower extremity, hip disarticulation, flexible inner socket, external frame	\$1,432.92
L5644		Y	Y	Addition to lower extremity, above knee, wood socket	\$528.87
L5645		Y	Y	Addition to lower extremity, below knee, flexible inner socket, external frame	\$639.88
L5646		Y	Y	Addition to lower extremity, below knee, air cushion socket	\$470.37
L5647		Y	Y	Addition to lower extremity, below knee, suction socket	\$637.93
L5648		Y	Y	Addition to lower extremity, above knee, air cushion socket	\$528.00
L5649			Y	Addition to lower extremity, ischial containment/narrow M-L socket	\$1,614.01
L5650			Y	Addition to lower extremity, total contact, above knee or knee disarticulation socket	\$460.24
L5651			Y	Addition to lower extremity, above knee, flexible inner socket, external frame	\$963.10
L5652			Y	Addition to lower extremity, suction suspension, above knee or knee disarticulation socket	\$349.64
L5653			Y	Addition to lower extremity, knee disarticulation, expandable wall socket	\$573.65
L5654			Y	Addition to lower extremity, socket insert, Symes (Kemblo, Pelite, Aliplast, Plastazote or equal)	\$310.70
L5655			Y	Addition to lower extremity, socket insert, below knee (Kemblo, Pelite, Aliplast, Plastazote or equal)	\$278.40
L5656			Y	Addition to lower extremity, socket insert, knee disarticulation (Kemblo, Pelite, Aliplast, Plastazote or equal)	\$396.66
L5658		Y	Y	Addition to lower extremity, socket insert, above knee (Kemblo, Pelite, Aliplast, Plastazote or equal)	\$388.79
L5661		Y	Y	Addition to lower extremity, socket insert, multidurometer, Symes	\$488.03
L5665			Y	Addition to lower extremity, socket insert, multidurometer, below knee	\$410.63
L5666			Y	Addition to lower extremity, below knee, cuff suspension	\$56.97
L5668			Y	Addition to lower extremity, below knee, molded distal cushion	\$89.98

Prosthetic and Orthotic Devices

Code	Code Status N=New, D=Discontinued, U=Updated	P.A.	Lic	Description	April 1, 2006 Medicaid Max. Allow.
L5670			Y	Addition to lower extremity, below knee, molded supracondylar suspension (PTS or similar)	\$237.53
L5671			Y	Addition to lower extremity, below knee/above knee suspension locking mechanism (shuttle, lanyard or equal), excludes socket insert	\$531.87
L5672			Y	Addition to lower extremity, below knee, removable medial brim suspension	\$258.78
L5673			Y	Addition to lower extremity, below knee/above knee, custom fabricated from existing mold or prefabricated, socket insert, silicone gel, elastomeric or equal, for use with locking mechanism	\$574.46
L5676			Y	Addition to lower extremity, below knee, knee joints, single axis, pair	\$338.54
L5677		Y	Y	Addition to lower extremity, below knee, knee joints, polycentric, pair	\$430.96
L5678			Y	Addition to lower extremity, below knee, joint covers, pair	\$37.95
L5679			Y	Addition to lower extremity, below knee/above knee, custom fabricated from existing mold or prefabricated, socket insert, silicone gel, elastomeric or equal, not for use with locking mechanism	\$478.72
L5680			Y	Addition to lower extremity, below knee, thigh lacer, nonmolded	\$284.33
L5681		Y	Y	Addition to lower extremity, below knee/above knee, custom fabricated socket insert for congenital or atypical traumatic amputee, silicone gel, elastomeric or equal, for use with or without locking mechanism, initial only (for other than initial, use code L5673 or L5679)	\$1,035.59
L5682		Y	Y	Addition to lower extremity, below knee, thigh lacer, gluteal/ischial, molded	\$507.06
L5683		Y	Y	Addition to lower extremity, below knee/above knee, custom fabricated socket insert for other than congenital or atypical traumatic amputee, silicone gel, elastomeric or equal, for use with or without locking mechanism, initial only (for other than initial, use code L5673 or L5679)	\$1,035.59
L5684			Y	Addition to lower extremity, below knee, fork strap	\$51.46

Prosthetic and Orthotic Devices

Code	Code Status N=New, D=Discontinued, U=Updated	P.A.	Lic	Description	April 1, 2006 Medicaid Max. Allow.
L5685	U		Y	Addition to lower extremity prosthesis, below knee, suspension/sealing sleeve, with or without valve, any material, each.	\$100.83
L5686			Y	Addition to lower extremity, below knee, back check (extension control)	\$51.12
L5688			Y	Addition to lower extremity, below knee, waist belt, webbing	\$55.96
L5690			Y	Addition to lower extremity, below knee, waist belt, padded and lined	\$85.11
L5692			Y	Addition to lower extremity, above knee, pelvic control belt, light	\$125.06
L5694			Y	Addition to lower extremity, above knee, pelvic control belt, padded and lined	\$193.23
L5695			Y	Addition to lower extremity, above knee, pelvic control, sleeve suspension, neoprene or equal, each	\$130.79
L5696			Y	Addition to lower extremity, above knee or knee disarticulation, pelvic joint	\$197.84
L5697			Y	Addition to lower extremity, above knee or knee disarticulation, pelvic band	\$85.84
L5698			Y	Addition to lower extremity, above knee or knee disarticulation, Silesian bandage	\$100.29
L5699			Y	All lower extremity prostheses, shoulder harness	\$197.13
L5700			Y	Replacement, socket, below knee, molded to patient model. (Limit one per client per year.)	\$2,928.30
L5701			Y	Replacement, socket, above knee/knee disarticulation, including attachment plate, molded to patient model. (Limit one per client per year.)	\$3,558.50
L5702		Y	Y	Replacement, socket, hip disarticulation, including hip joint, molded to patient model	\$4,261.00
L5703		Y	Y	Ankle, symes, molded to patient model, socket without solid ankle cushion heel (sach) foot, replacement only	BR
L5704		Y	Y	Custom shaped protective cover, below knee	\$489.05
L5705		Y	Y	Custom shaped protective cover, above knee	\$802.86
L5706		Y	Y	Custom shaped protective cover, knee disarticulation	\$795.73
L5707		Y	Y	Custom shaped protective cover, hip disarticulation	\$1,131.18

Prosthetic and Orthotic Devices

Code	Code Status N=New, D=Discontinued, U=Updated	P.A.	Lic	Description	April 1, 2006 Medicaid Max. Allow.
L5710			Y	Addition, exoskeletal knee-shin system, single axis, manual lock	\$364.90
L5711			Y	Addition, exoskeletal knee-shin system, single axis, manual lock, ultra-light material	\$493.99
L5712			Y	Addition, exoskeletal knee-shin system, single axis, friction swing and stance phase control (safety knee)	\$443.47
L5714			Y	Addition, exoskeletal knee-shin system, single axis, variable friction swing phase control	\$335.44
L5716		Y	Y	Addition, exoskeletal knee-shin system, polycentric, mechanical stance phase lock	\$584.51
L5718		Y	Y	Addition, exoskeletal knee-shin system, polycentric, friction swing and stance phase control	\$730.57
L5722			Y	Addition, exoskeletal knee-shin system, single axis, pneumatic swing, friction stance phase control	\$850.64
L5724		Y	Y	Addition, exoskeletal knee-shin system, single axis, fluid swing phase control	\$1,288.05
L5726		Y	Y	Addition, exoskeletal knee-shin system, single axis, external joints, fluid swing phase control	\$1,558.83
L5728		Y	Y	Addition, exoskeletal knee-shin system, single axis, fluid swing and stance phase control	\$2,074.60
L5780			Y	Addition, exoskeletal knee-shin system, single axis, pneumatic/hydra pneumatic swing phase control	\$918.18
L5781		Y	Y	Addition to lower limb prosthesis, vacuum pump, residual limb volume management and moisture evacuation system	\$3,150.08
L5782		Y	Y	Addition to lower limb prosthesis, vacuum pump, residual limb volume management and moisture evacuation system, heavy duty	\$3,320.90
L5785			Y	Addition, exoskeletal system, below knee, ultra-light material (titanium, carbon fiber or equal)	\$497.75
L5790			Y	Addition, exoskeletal system, above knee, ultra-light material (titanium, carbon fiber or equal)	\$599.31
L5795			Y	Addition, exoskeletal system, hip disarticulation, ultra-light material (titanium carbon fiber or equal)	\$861.07

Prosthetic and Orthotic Devices

Code	Code Status N=New, D=Discontinued, U=Updated	P.A.	Lic	Description	April 1, 2006 Medicaid Max. Allow.
L5810			Y	Addition, endoskeletal knee-shin system, single axis, manual lock	\$445.88
L5811			Y	Addition, endoskeletal knee-shin system, single axis, manual lock, ultra-light material	\$584.89
L5812			Y	Addition, endoskeletal knee-shin system, single axis, friction swing and stance phase control (safety knee)	\$506.19
L5814		Y	Y	Addition, endoskeletal knee-shin system, polycentric, hydraulic swing phase control, mechanical stance phase lock	\$2,923.91
L5816			Y	Addition, endoskeletal knee-shin system, polycentric, mechanical stance phase lock	\$682.03
L5818			Y	Addition, endoskeletal knee-shin system, polycentric, friction swing and stance phase control	\$770.15
L5822			Y	Addition, endoskeletal knee-shin system, single axis, pneumatic swing, friction stance phase control	\$1,365.67
L5824			Y	Addition, endoskeletal knee-shin system, single axis, fluid swing phase control	\$1,229.87
L5826		Y	Y	Addition, endoskeletal knee-shin system, single axis, hydraulic swing phase control, with miniature high activity frame	\$2,554.04
L5828		Y	Y	Addition, endoskeletal knee-shin system, single axis, fluid swing and stance phase control	\$2,264.70
L5830		Y	Y	Addition, endoskeletal knee-shin system, single axis, pneumatic/swing phase control	\$1,974.64
L5840		Y	Y	Addition, endoskeletal knee-shin system, 4-bar linkage or multiaxial, pneumatic swing phase control	\$3,236.89
L5845				Addition, endoskeletal knee-shin system, stance flexion feature, adjustable	#
L5848		Y	Y	Addition to, endoskeletal, knee-shin system, hydraulic stance extension, dampening feature, adjustable	\$846.60
L5850			Y	Addition, endoskeletal system, above knee or hip disarticulation, knee extension assist	\$102.59
L5855			Y	Addition, endoskeletal system, hip disarticulation, mechanical hip extension assist	\$330.23

Prosthetic and Orthotic Devices

Code	Code Status N=New, D=Discontinued, U=Updated	P.A.	Lic	Description	April 1, 2006 Medicaid Max. Allow.
L5856		Y	Y	Addition to lower extremity prosthesis, endoskeletal knee-shin system, microprocessor control feature, swing and stance phase, includes electronic sensor(s), any type.	#
L5857		Y	Y	Addition to lower extremity prosthesis, endoskeletal knee-shin system, microprocessor control feature, swing phase only, includes electronic sensor(s), any type.	\$6,706.30
L5858				Addition to lower extremity prosthesis, endoskeletal knee shin system, microprocessor control feature, stance phase only, includes electronic sensor(s), any type.	#
L5910			Y	Addition, endoskeletal system, below knee, alignable system	\$290.45
L5920			Y	Addition, endoskeletal system, above knee or hip disarticulation, alignable system	\$425.51
L5925			Y	Addition, endoskeletal system, above knee, knee disarticulation or hip disarticulation, manual lock	\$349.76
L5930				Addition, endoskeletal system, high activity knee control frame	#
L5940		Y	Y	Addition, endoskeletal system, below knee, ultra-light material (titanium, carbon fiber or equal)	\$500.15
L5950		Y	Y	Addition, endoskeletal system, above knee, ultra-light material (titanium, carbon fiber or equal)	\$718.91
L5960		Y	Y	Addition, endoskeletal system, hip disarticulation, ultra-light material (titanium, carbon fiber or equal)	\$821.68
L5962		Y	Y	Addition, endoskeletal system, below knee, flexible protective outer surface covering system	\$628.52
L5964		Y	Y	Addition, endoskeletal system, above knee, flexible protective outer surface covering system	\$904.80
L5966		Y	Y	Addition, endoskeletal system, hip disarticulation, flexible protective outer surface covering system	\$1,173.04
L5968		Y	Y	Addition to lower limb prosthesis, multiaxial ankle with swing phase action dorsiflexion feature	\$2,860.96
L5970		Y	Y	All lower extremity prostheses, foot, external keel, SACH foot	\$196.72
L5971		Y	Y	All lower extremity prosthesis, solid ankle cushion heel (sach) foot, replacement only.	BR

Prosthetic and Orthotic Devices

Code	Code Status N=New, D=Discontinued, U=Updated	P.A.	Lic	Description	April 1, 2006 Medicaid Max. Allow.
L5972			Y	All lower extremity prostheses, flexible keel foot (Safe, Sten, Bock Dynamic or equal)	\$314.39
L5974			Y	All lower extremity prostheses, foot, single axis ankle/foot	\$249.17
L5975			Y	All lower extremity prosthesis, combination single axis and flexible keel foot	\$364.98
L5976			Y	All lower extremity prostheses, energy storing foot (Seattle Carbon Copy II or equal)	\$502.06
L5978			Y	All lower extremity prostheses, foot, multi-axial ankle/foot	\$283.75
L5979		Y	Y	All lower extremity prostheses, multi-axial ankle, dynamic response foot, one piece system	\$2,417.33
L5980		Y	Y	All lower extremity prostheses, flex-foot system	\$3,251.18
L5981		Y	Y	All lower extremity prostheses, flex-walk system or equal	\$2,626.94
L5982		Y	Y	All exoskeletal lower extremity prostheses, axial rotation unit	\$612.83
L5984		Y	Y	All endoskeletal lower extremity prostheses, axial rotation unit	\$579.36
L5985		Y	Y	All endoskeletal lower extremity prostheses, dynamic prosthetic pylon	\$222.32
L5986		Y	Y	All lower extremity prostheses, multi-axial rotation unit (MCP or equal)	\$613.20
L5987				All lower extremity prostheses, shank foot system with vertical loading pylon	#
L5988		Y	Y	Addition to lower limb prosthesis, vertical shock reducing pylon feature	\$1,572.78
L5990		Y	Y	Addition to lower extremity prosthesis, user adjustable heel height	\$1,428.31
L5995		Y	Y	Addition to lower extremity prosthesis, heavy duty feature (for patient weight > 300 lbs)	BR
L5999		Y	Y	Lower extremity prosthesis, not otherwise specified	BR
L6000		Y	Y	Partial hand, Robin-Aids, thumb remaining (or equal)	\$1,420.76
L6010		Y	Y	Partial hand, Robin-Aids, little and/or ring finger remaining (or equal)	\$1,581.07
L6020		Y	Y	Partial hand, Robin-Aids, no finger remaining (or equal)	\$1,474.10

Prosthetic and Orthotic Devices

Code	Code Status N=New, D=Discontinued, U=Updated	P.A.	Lic	Description	April 1, 2006 Medicaid Max. Allow.
L6025		Y	Y	Transcarpal/metacarpal or partial hand disarticulation prosthesis, external power, self-suspended, inner socket with removable forearm section, electrodes and cables, two batteries, charger, myoelectric control of terminal device.	\$6,300.21
L6050			Y	Wrist disarticulation, molded socket, flexible elbow hinges, triceps pad	\$1,741.15
L6055		Y	Y	Wrist disarticulation, molded socket with expandable interface, flexible elbow hinges, triceps pad	\$2,599.80
L6100			Y	Below elbow, molded socket, flexible elbow hinge, triceps pad	\$1,875.45
L6110			Y	Below elbow, molded socket (Muenster or Northwestern suspension types)	\$1,912.82
L6120		Y	Y	Below elbow, molded double wall split socket, step-up hinges, half cuff	\$2,405.32
L6130		Y	Y	Below elbow, molded double wall split socket, stump activated locking hinge, half cuff	\$2,768.09
L6200			Y	Elbow disarticulation, molded socket, outside locking hinge, forearm	\$2,840.81
L6205		Y	Y	Elbow disarticulation, molded socket with expandable interface, outside locking hinges, forearm	\$3,559.11
L6250			Y	Above elbow, molded double wall socket, internal locking elbow, forearm	\$2,649.24
L6300			Y	Shoulder disarticulation, molded socket, shoulder bulkhead, humeral section, internal locking elbow, forearm	\$3,726.51
L6310		Y	Y	Shoulder disarticulation, passive restoration (complete prosthesis)	\$3,093.31
L6320		Y	Y	Shoulder disarticulation, passive restoration (shoulder cap only)	\$1,370.51
L6350		Y	Y	Interscapular thoracic, molded socket, shoulder bulkhead, humeral section, internal locking elbow, forearm	\$4,188.33
L6360		Y	Y	Interscapular thoracic, passive restoration (complete prosthesis)	\$3,405.88

Prosthetic and Orthotic Devices

Code	Code Status N=New, D=Discontinued, U=Updated	P.A.	Lic	Description	April 1, 2006 Medicaid Max. Allow.
L6370		Y	Y	Interscapular thoracic, passive restoration (shoulder cap only)	\$1,628.86
L6380			Y	Immediate postsurgical or early fitting, application of initial rigid dressing, including fitting alignment and suspension of components, and one cast change, wrist disarticulation or below elbow	\$1,096.66
L6382			Y	Immediate postsurgical or early fitting, application of initial rigid dressing including fitting alignment and suspension of components, and one cast change, elbow disarticulation or above elbow	\$1,291.03
L6384			Y	Immediate postsurgical or early fitting, application of initial rigid dressing including fitting alignment and suspension of components, and one cast change, shoulder disarticulation or interscapular thoracic	\$1,634.44
L6386			Y	Immediate postsurgical or early fitting, each additional cast change and realignment	\$370.20
L6388			Y	Immediate postsurgical or early fitting, application of rigid dressing only	\$406.89
L6400			Y	Below elbow, molded socket, endoskeletal system, including soft prosthetic tissue shaping	\$2,076.28
L6450		Y	Y	Elbow disarticulation, molded socket, endoskeletal system, including soft prosthetic tissue shaping	\$2,818.52
L6500			Y	Above elbow, molded socket, endoskeletal system, including soft prosthetic tissue shaping	\$2,850.73
L6550			Y	Shoulder disarticulation, molded socket, endoskeletal system, including soft prosthetic tissue shaping	\$3,813.47
L6570			Y	Interscapular thoracic, molded socket, endoskeletal system, including soft prosthetic tissue shaping	\$4,250.91
L6580		Y	Y	Preparatory, wrist disarticulation or below elbow, single wall plastic socket, friction wrist, flexible elbow hinges, figure of eight harness, humeral cuff, Bowden cable control, USMC or equal pylon, no cover, molded to patient model	\$1,444.62

Prosthetic and Orthotic Devices

Code	Code Status N=New, D=Discontinued, U=Updated	P.A.	Lic	Description	April 1, 2006 Medicaid Max. Allow.
L6582		Y	Y	Preparatory, wrist disarticulation or below elbow, single wall socket, friction wrist, flexible elbow hinges, figure of eight harness, humeral cuff, Bowden cable control, USMC or equal pylon, no cover, direct formed	\$1,148.00
L6584		Y	Y	Preparatory, elbow disarticulation or above elbow, single wall plastic socket, friction wrist, locking elbow, figure of eight harness, fair lead cable control, USMC or equal pylon, no cover, molded to patient model	\$1,950.52
L6586		Y	Y	Preparatory, elbow disarticulation or above elbow, single wall socket, friction wrist, locking elbow, figure of eight harness, fair lead cable control, USMC or equal pylon, no cover, direct formed	\$1,667.02
L6588		Y	Y	Preparatory, shoulder disarticulation or interscapular thoracic, single wall plastic socket, shoulder joint, locking elbow, friction wrist, chest strap, fair lead cable control, USMC or equal pylon, no cover, molded to patient model	\$2,822.59
L6590		Y	Y	Preparatory, shoulder disarticulation or interscapular thoracic, single wall socket, shoulder joint, locking elbow, friction wrist, chest strap, fair lead cable control, USMC or equal pylon, no cover, direct formed	\$2,600.80
L6600			Y	Upper extremity additions, polycentric hinge, pair	\$162.99
L6605			Y	Upper extremity additions, single pivot hinge, pair	\$153.77
L6610			Y	Upper extremity additions, flexible metal hinge, pair	\$140.25
L6615			Y	Upper extremity addition, disconnect locking wrist unit	\$171.39
L6616			Y	Upper extremity addition, additional disconnect insert for locking wrist unit, each	\$62.46
L6620			Y	Upper extremity addition, flexion-friction wrist unit	\$268.45
L6621		Y	Y	Upper extremity prosthesis addition, flexion/extension wrist with or without friction, for use with external powered terminal device.	BR
L6623		Y	Y	Upper extremity addition, spring assisted rotational wrist unit with latch release	\$577.50
L6625		Y	Y	Upper extremity addition, rotational wrist unit with cable lock	\$493.89

Prosthetic and Orthotic Devices

Code	Code Status N=New, D=Discontinued, U=Updated	P.A.	Lic	Description	April 1, 2006 Medicaid Max. Allow.
L6628			Y	Upper extremity addition, quick disconnect hook adapter, Otto Bock or equal	\$463.82
L6629			Y	Upper extremity addition, quick disconnect lamination collar with coupling piece, Otto Bock or equal	\$117.55
L6630			Y	Upper extremity addition, stainless steel, any wrist	\$172.84
L6632			Y	Upper extremity addition, latex suspension sleeve, each	\$52.10
L6635			Y	Upper extremity addition, lift assist for elbow	\$151.52
L6637		Y	Y	Upper extremity addition, nudge control elbow lock	\$348.46
L6638		Y	Y	Upper extremity addition to prosthesis, electric locking feature, only for use with manually powered elbow	\$1,968.81
L6640		Y	Y	Upper extremity additions, shoulder abduction joint, pair	\$276.29
L6641		Y	Y	Upper extremity addition, excursion amplifier, pulley type	\$137.71
L6642		Y	Y	Upper extremity addition, excursion amplifier, lever type	\$186.26
L6645			Y	Upper extremity addition, shoulder flexion-abduction joint, each	\$317.93
L6646		Y	Y	Upper extremity addition, shoulder joint, multipositional locking, flexion, adjustable abduction friction control, for use with body powered or external powered system	\$2,483.11
L6647			Y	Upper extremity addition, shoulder lock mechanism, body powered actuator	\$408.79
L6648		Y	Y	Upper extremity addition, shoulder lock mechanism, external powered actuator	\$2,560.98
L6650			Y	Upper extremity addition, shoulder universal joint, each	\$274.20
L6655			Y	Upper extremity addition, standard control cable, extra	\$80.32
L6660			Y	Upper extremity addition, heavy duty control cable	\$85.04
L6665			Y	Upper extremity addition, Teflon, or equal, cable lining	\$39.54
L6670			Y	Upper extremity addition, hook to hand, cable adapter	\$40.89
L6672			Y	Upper extremity addition, harness, chest or shoulder, saddle type	\$155.24
L6675			Y	Upper extremity addition, harness, figure of eight type, for single control	\$96.31
L6676			Y	Upper extremity addition, harness, figure of eight type, for dual control	\$118.41
L6677		Y	Y	Upper extremity addition, harness, triple control, simultaneous operation of terminal device and elbow.	BR

Prosthetic and Orthotic Devices

Code	Code Status N=New, D=Discontinued, U=Updated	P.A.	Lic	Description	April 1, 2006 Medicaid Max. Allow.
L6680			Y	Upper extremity addition, test socket, wrist disarticulation or below elbow	\$190.79
L6682			Y	Upper extremity addition, test socket, elbow disarticulation or above elbow	\$242.72
L6684			Y	Upper extremity addition, test socket, shoulder disarticulation or interscapular thoracic	\$371.93
L6686			Y	Upper extremity addition, suction socket	\$533.19
L6687			Y	Upper extremity addition, frame type socket, below elbow or wrist disarticulation	\$462.58
L6688			Y	Upper extremity addition, frame type socket, above elbow or elbow disarticulation	\$566.45
L6689		Y	Y	Upper extremity addition, frame type socket, shoulder disarticulation	\$693.30
L6690		Y	Y	Upper extremity addition, frame type socket, interscapular-thoracic	\$735.26
L6691		Y	Y	Upper extremity addition, removable insert, each	\$318.08
L6692		Y	Y	Upper extremity addition, silicone gel insert or equal, each	\$448.49
L6693		Y	Y	Upper extremity addition, external locking elbow, forearm counterbalance	\$2,235.13
L6694		Y	Y	Addition to upper extremity prosthesis, below elbow/above elbow, custom fabricated from existing mold or prefabricated, socket insert, silicone gel, elastomeric or equal, for use with locking mechanism.	BR
L6695			Y	Addition to upper extremity prosthesis, below elbow/above elbow, custom fabricated from existing mold or prefabricated, socket insert, silicone gel, elastomeric or equal, not for use with locking mechanism.	\$478.72
L6696		Y	Y	Addition to upper extremity prosthesis, below elbow/above elbow, custom fabricated socket insert for congenital or atypical traumatic amputee, silicone gel, elastomeric or equal, for use with or without locking mechanism, initial only (for other than initial, use code L6694 or L6695).	BR

Prosthetic and Orthotic Devices

Code	Code Status N=New, D=Discontinued, U=Updated	P.A.	Lic	Description	April 1, 2006 Medicaid Max. Allow.
L6697		Y	Y	Addition to upper extremity prosthesis, below elbow/above elbow, custom fabricated socket insert for other than congenital or atypical traumatic amputee, silicone gel, elastomeric or equal, for use with or without locking mechanism, initial only (for other than initial, use code L6694 or L6695).	BR
L6698		Y	Y	Addition to upper extremity prosthesis, below elbow/above elbow, lock mechanism, excludes socket insert.	BR
L6700			Y	Terminal device, hook, Dorrance or equal, model #3	\$473.81
L6705			Y	Terminal device, hook, Dorrance or equal, model #5	\$265.56
L6710			Y	Terminal device, hook, Dorrance or equal, model #5X	\$318.59
L6715			Y	Terminal device, hook, Dorrance or equal, model #5XA	\$315.16
L6720		Y	Y	Terminal device, hook, Dorrance or equal, model #6	\$684.17
L6725			Y	Terminal device, hook, Dorrance or equal, model #7	\$351.05
L6730			Y	Terminal device, hook, Dorrance or equal, model #7LO	\$563.62
L6735			Y	Terminal device, hook, Dorrance or equal, model #8	\$298.56
L6740			Y	Terminal device, hook, Dorrance or equal, model #8X	\$353.77
L6745			Y	Terminal device, hook, Dorrance or equal, model #88X	\$323.99
L6750			Y	Terminal device, hook, Dorrance or equal, model #10P	\$336.31
L6755			Y	Terminal device, hook, Dorrance or equal, model #10X	\$336.24
L6765			Y	Terminal device, hook, Dorrance or equal, model #12P	\$344.41
L6770			Y	Terminal device, hook, Dorrance or equal, model #99X	\$336.68
L6775			Y	Terminal device, hook, Dorrance or equal, model #555	\$365.79
L6780			Y	Terminal device, hook, Dorrance or equal, model #SS555	\$406.28
L6790			Y	Terminal device, hook, Accu hook or equal	\$362.38
L6795		Y	Y	Terminal device, hook, 2 load or equal	\$1,141.63
L6800	U	Y	Y	Terminal device, hook, APRL VC or equal	\$901.94
L6805			Y	Terminal device, modifier wrist flexion unit	\$339.19
L6806		Y	Y	Terminal device, hook, TRS Grip, Grip III, VC, or equal	\$1,273.30
L6807		Y	Y	Terminal device, hook, Grip I, Grip II, VC, or equal	\$1,139.43
L6808		Y	Y	Terminal device, hook, TRS Adept, infant or child, VC, or equal	\$981.41
L6809		Y	Y	Terminal device, hook, TRS Super Sport, passive	\$297.57
L6810		Y	Y	Terminal device, pincher tool, Otto Bock or equal	\$160.50
L6825		Y	Y	Terminal device, hand, Dorrance, VO	\$977.93

Prosthetic and Orthotic Devices

Code	Code Status N=New, D=Discontinued, U=Updated	P.A.	Lic	Description	April 1, 2006 Medicaid Max. Allow.
L6830		Y	Y	Terminal device, hand, APRL, VC	\$1,252.32
L6835		Y	Y	Terminal device, hand, Sierra, VO	\$1,136.03
L6840		Y	Y	Terminal device, hand, Becker Imperial	\$749.59
L6845		Y	Y	Terminal device, hand, Becker Lock Grip	\$709.73
L6850		Y	Y	Terminal device, hand, Becker Plylite	\$626.14
L6855		Y	Y	Terminal device, hand, Robin-Aids, VO	\$728.17
L6860		Y	Y	Terminal device, hand, Robin-Aids, VO soft	\$595.59
L6865		Y	Y	Terminal device, hand, passive hand	\$265.06
L6867		Y	Y	Terminal device, hand, Detroit Infant Hand (mechanical)	\$985.27
L6868			Y	Terminal device, hand, passive infant hand, Steeper, Hosmer or equal	\$222.10
L6870			Y	Terminal device, hand, child mitt	\$215.37
L6872		Y	Y	Terminal device, hand, NYU child hand	\$819.25
L6873		Y	Y	Terminal device, hand, mechanical infant hand, Steeper or equal	\$375.16
L6875		Y	Y	Terminal device, hand, Bock, VC	\$751.79
L6880			Y	Terminal device, hand, Bock, VO	\$475.42
L6881		Y	Y	Automatic grasp feature, addition to upper limb prosthetic terminal device	\$3,218.65
L6882		Y	Y	Microprocessor control feature, addition to upper limb prosthetic terminal device	\$2,441.49
L6883		Y	Y	Replacement socket, below elbow/wrist disarticulation, molded to patient model, for use with or without external power.	BR
L6884		Y	Y	Replacement socket, above elbow disarticulation, molded to patient model, for use with or without external power.	BR
L6885		Y	Y	Replacement socket, shoulder disarticulation/interscapular thoracic, molded to patient model, for use with or without external power.	BR
L6890			Y	Terminal device, glove for above hands, production glove	\$148.92
L6895		Y	Y	Terminal device, glove for above hands, custom glove	\$497.18
L6900		Y	Y	Hand restoration (casts, shading and measurements included), partial hand, with glove, thumb or one finger remaining	\$1,557.21

Prosthetic and Orthotic Devices

Code	Code Status N=New, D=Discontinued, U=Updated	P.A.	Lic	Description	April 1, 2006 Medicaid Max. Allow.
L6905		Y	Y	Hand restoration (casts, shading and measurements included), partial hand, with glove, multiple fingers remaining	\$1,569.94
L6910		Y	Y	Hand restoration (casts, shading and measurements included), partial hand, with glove, no fingers remaining	\$1,288.51
L6915		Y	Y	Hand restoration (shading and measurements included), replacement glove for above	\$582.32
L6920		Y	Y	Wrist disarticulation, external power, self-suspended inner socket, removable forearm shell, Otto Bock or equal switch, cables, two batteries and one charger, switch control of terminal device	\$6,240.39
L6925		Y	Y	Wrist disarticulation, external power, self-suspended inner socket, removable forearm shell, Otto Bock or equal electrodes, cables, two batteries and one charger, myoelectronic control of terminal device	\$6,824.77
L6930		Y	Y	Below elbow, external power, self-suspended inner socket, removable forearm shell, Otto Bock or equal switch, cables, two batteries and one charger, switch control of terminal device	\$6,770.76
L6935		Y	Y	Below elbow, external power, self-suspended inner socket, removable forearm shell, Otto Bock or equal electrodes, cables, two batteries and one charger, myoelectronic control of terminal device	\$7,155.73
L6940		Y	Y	Elbow disarticulation, external power, molded inner socket, removable humeral shell, outside locking hinges, forearm, Otto Bock or equal switch, cables, two batteries and one charger, switch control of terminal device	\$8,106.51
L6945		Y	Y	Elbow disarticulation, external power, molded inner socket, removable humeral shell, outside locking hinges, forearm, Otto Bock or equal electrodes, cables, two batteries and one charger, myoelectronic control of terminal device	\$8,981.97

Prosthetic and Orthotic Devices

Code	Code Status N=New, D=Discontinued, U=Updated	P.A.	Lic	Description	April 1, 2006 Medicaid Max. Allow.
L6950		Y	Y	Above elbow, external power, molded inner socket, removable humeral shell, internal locking elbow, forearm, Otto Bock or equal switch, cables, two batteries and one charger, switch control of terminal device	\$8,467.00
L6955		Y	Y	Above elbow, external power, molded inner socket, removable humeral shell, internal locking elbow, forearm, Otto Bock or equal, electrodes, cables, two batteries and one charger, myoelectronic control of terminal device	\$9,578.33
L6960		Y	Y	Shoulder disarticulation, external power, molded inner socket, removable shoulder shell, shoulder bulkhead, humeral section, mechanical elbow, forearm, Otto Bock or equal switch, cables, two batteries and one charger, switch control of terminal device	\$10,431.89
L6965		Y	Y	Shoulder disarticulation, external power, molded inner socket, removable shoulder shell, shoulder bulkhead, humeral section, mechanical elbow, forearm, Otto Bock or equal electrodes, cables, two batteries and one charger, myoelectronic control of terminal device	\$11,780.55
L6970		Y	Y	Interscapular-thoracic, external power, molded inner socket, removable shoulder shell, shoulder bulkhead, humeral section, mechanical elbow, forearm, Otto Bock or equal switch, cables, two batteries and one charger, switch control of terminal device	\$11,696.65
L6975		Y	Y	Interscapular-thoracic, external power, molded inner socket, removable shoulder shell, shoulder bulkhead, humeral section, mechanical elbow, forearm, Otto Bock or equal electrodes, cables, two batteries and one charger, myoelectronic control of terminal device	\$12,815.82
L7010		Y	Y	Electronic hand, Otto Bock, Steeper or equal, switch controlled	\$2,957.89
L7015		Y	Y	Electronic hand, System Teknik, Variety Village or equal, switch controlled	\$4,868.05
L7020		Y	Y	Electronic greifer, Otto Bock or equal, switch controlled	\$2,892.44
L7025		Y	Y	Electronic hand, Otto Bock or equal, myoelectronically controlled	\$2,792.64

Prosthetic and Orthotic Devices

Code	Code Status N=New, D=Discontinued, U=Updated	P.A.	Lic	Description	April 1, 2006 Medicaid Max. Allow.
L7030		Y	Y	Electronic hand, System Teknik, Variety Village or equal, myoelectronically controlled	\$4,836.56
L7035		Y	Y	Electronic Greifer, Otto Bock or equal, myoelectronically controlled	\$3,033.24
L7040		Y	Y	Prehensile actuator, Hosmer or equal, switch controlled	\$2,415.57
L7045		Y	Y	Electronic hook, child, Michigan or equal, switch controlled	\$1,296.25
L7170		Y	Y	Electronic elbow, Hosmer or equal, switch controlled	\$4,896.90
L7180		Y	Y	Electronic elbow, Boston, Utah or equal, myoelectronically controlled	\$29,382.25
L7181		Y	Y	Electronic elbow, microprocessor simultaneous control of elbow and terminal device.	BR
L7185		Y	Y	Electronic elbow, adolescent, Variety Village or equal, switch controlled	\$5,143.59
L7186		Y	Y	Electronic elbow, child, Variety Village or equal, switch controlled	\$7,093.85
L7190		Y	Y	Electronic elbow, adolescent, Variety Village or equal, myoelectronically controlled	\$6,389.90
L7191		Y	Y	Electronic elbow, child, Variety Village or equal, myoelectronically controlled	\$7,412.66
L7260		Y	Y	Electronic wrist rotator, Otto Bock or equal	\$1,820.28
L7261		Y	Y	Electronic wrist rotator, for Utah arm	\$3,815.05
L7266		Y	Y	Servo control, Steeper or equal	\$794.01
L7272		Y	Y	Analogue control, UNB or equal	\$1,912.07
L7274		Y	Y	Proportional control, 6-12 volt, Liberty, Utah or equal	\$5,704.86
L7360		Y	Y	Six volt battery, Otto Bock or equal, each	\$212.85
L7362		Y	Y	Battery charger, six volt, Otto Bock or equal	\$220.62
L7364		Y	Y	Twelve volt battery, Utah or equal, each	\$417.90
L7366		Y	Y	Battery charger, twelve volt, Utah or equal	\$540.16
L7367		Y	Y	Lithium ion battery, replacement	\$306.51
L7368		Y	Y	Lithium ion battery charger	\$397.34
L7400		Y	Y	Addition to upper extremity prosthesis, below elbow/wrist disarticulation, ultralight material (titanium, carbon fiber or equal).	BR

Prosthetic and Orthotic Devices

Code	Code Status N=New, D=Discontinued, U=Updated	P.A.	Lic	Description	April 1, 2006 Medicaid Max. Allow.
L7401		Y	Y	Addition to upper extremity prosthesis, above elbow disarticulation, ultralight material (titanium, carbon fiber or equal).	BR
L7402		Y	Y	Addition to upper extremity prosthesis, shoulder disarticulation/interscapular thoracic, ultralight material (titanium, carbon fiber or equal).	BR
L7403		Y	Y	Addition to upper extremity prosthesis, below elbow/wrist disarticulation, acrylic material.	BR
L7404		Y	Y	Addition to upper extremity prosthesis, above elbow disarticulation, acrylic material.	BR
L7405		Y	Y	Addition to upper extremity prosthesis, shoulder disarticulation/interscapular thoracic, acrylic material.	BR
L7499		Y	Y	Upper extremity prosthesis, not otherwise specified	BR
L7500		Y	Y	Repair of prosthetic device, hourly rate	#
L7510		Y	Y	Repair prosthetic device, repair or replace minor parts	BR
L7520		Y	Y	Repair of prosthetic device, labor component, per 15 minutes	\$24.54
L7600		Y	Y	Prosthetic donning sleeve, any material, each.	BR
L7900				Vacuum erection system	#
L8000			***	Breast prosthesis, mastectomy bra	\$33.13
L8001			***	Breast prosthesis, mastectomy bra, with integrated breast prosthesis form, unilateral <i>Not allowed with L8020 or L8030.</i>	\$98.74
L8002			***	Breast prosthesis, mastectomy bra, with integrated breast prosthesis form, bilateral <i>Not allowed with L8020 or L8030.</i>	\$129.88
L8010			***	Breast prosthesis, mastectomy sleeve	\$57.97
L8015			***	External breast prosthesis garment, with mastectomy form, post mastectomy	\$49.01
L8020			***	Breast prosthesis, mastectomy form	\$193.22
L8030			***	Breast prosthesis, silicone or equal	\$253.01
L8035				Custom breast prosthesis, post mastectomy, molded to patient model	#
L8039		Y		Breast prosthesis, not otherwise specified	BR
L8040				Nasal prosthesis, provided by a non-physician	#

Prosthetic and Orthotic Devices

Code	Code Status N=New, D=Discontinued, U=Updated	P.A.	Lic	Description	April 1, 2006 Medicaid Max. Allow.
L8041				Midfacial prosthesis, provided by a non-physician	#
L8042				Orbital prosthesis, provided by a non-physician	#
L8043				Upper facial prosthesis, provided by a non-physician	#
L8044				Hemi-facial prosthesis, provided by a non-physician	#
L8045				Auricular prosthesis, provided by a non-physician	#
L8046				Partial facial prosthesis, provided by a non-physician	#
L8047				Nasal septal prosthesis, provided by a non-physician	#
L8048				Unspecified maxillofacial prosthesis, by report, provided by a non-physician	#
L8049				Repair or modification of maxillofacial prosthesis, labor component, 15 minute increments, provided by a non-physician	#
L8300			***	Truss, single with standard pad	\$84.05
L8310			***	Truss, double with standard pads	\$117.72
L8320			***	Truss, addition to standard pad, water pad	\$44.82
L8330			***	Truss, addition to standard pad, scrotal pad	\$39.59
L8400			Y	Prosthetic sheath, below knee, each	\$14.88
L8410			Y	Prosthetic sheath, above knee, each	\$21.20
L8415			Y	Prosthetic sheath, upper limb, each	\$21.77
L8417			Y	Prosthetic sheath/sock, including a gel cushion layer, below knee or above knee, each	\$59.20
L8420			Y	Prosthetic sock, multiple ply, below knee, each	\$16.10
L8430			Y	Prosthetic sock, multiple ply, above knee, each	\$18.38
L8435			Y	Prosthetic sock, multiple ply, upper limb, each	\$22.48
L8440			Y	Prosthetic shrinker, below knee, each	\$33.54
L8460			Y	Prosthetic shrinker, above knee, each	\$69.99
L8465			Y	Prosthetic shrinker, upper limb, each	\$39.12
L8470			Y	Prosthetic sock, single ply, fitting, below knee, each	\$5.35
L8480			Y	Prosthetic sock, single ply, fitting, above knee, each	\$9.84
L8485			Y	Prosthetic sock, single ply, fitting, upper limb, each	\$11.53
L8499		Y	Y	Unlisted procedure for miscellaneous prosthetic services	BR
L8500				Artificial larynx, any type	#
L8501				Tracheostomy speaking valve	#
L8505				Artificial larynx replacement battery/accessory, any type	#

Prosthetic and Orthotic Devices

Code	Code Status N=New, D=Discontinued, U=Updated	P.A.	Lic	Description	April 1, 2006 Medicaid Max. Allow.
L8507				Tracheo-esophageal voice prosthesis, patient inserted, any type, each	#
L8509				Tracheao-esophageal voice prosthesis, inserted by a licensed health care provider, any type	#
L8510				Voice amplifier	#
L8511				Insert for indwelling tracheoesophageal prosthesis, with or without valve, replacement only, each	#
L8512				Gelatin capsules or equivalent, for use with tracheoesophageal voice prosthesis, replacement only, per 10	#
L8513				Cleaning device used with tracheoesophageal voice prosthesis, pipet, brush, or equal, replacement only, each	#
L8514				Tracheoesophageal puncture dilator, replacement only, each	#
L8515				Gelatin capsule, application device for use with tracheoesophageal voice prosthesis, each.	#
L8600				Implantable breast prosthesis, silicone or equal	#
L8603				Injectable bulking agent, collagen implant, urinary tract, per 2.5 ml syringe, includes shipping and necessary supplies	#
L8606				Injectable bulking agent, synthetic implant, urinary tract, 1 ml syringe, includes shipping and necessary supplies	#
L8609				Artificial cornea.	#
L8610				Ocular Implant	#
L8612				Aqueous shunt	#
L8613				Ossicular implant	#
L8614				Cochlear device/system	#
L8615				Headset/headpiece for use with cochlear implant device, replacement	#
L8616				Microphone for use with cochlear implant device, replacement	#
L8617				Transmitting coil for use with cochlear implant device, replacement	#
L8618				Transmitter cable for use with cochlear implant device, replacement	#

Prosthetic and Orthotic Devices

Code	Code Status N=New, D=Discontinued, U=Updated	P.A.	Lic	Description	April 1, 2006 Medicaid Max. Allow.
L8619				Cochlear implant external speech processor, replacement	#
L8621				Zinc air battery for use with cochlear implant device, replacement, each	#
L8622				Alkaline battery for use with cochlear implant device, any size, replacement, each	#
L8623				Lithium battery for use with cochlear implant device speech processor, other than ear level, replacement, each.	#
L8624				Lithium battery for use with cochlear implant device speech processor, ear level replacement, each.	#
L8630				Metacarpophalangeal joint implant	#
L8631				Metacarpal phalangeal joint replacement, two or more pieces, metal(e.g., stainless steel or cobalt chrome), ceramic-like material (e.g., pyrocarbon), for surgical implantation (all sizes, includes entire system)	#
L8641				Metatarsal joint implant	#
L8642				Hallux implant	#
L8658				Interphalangeal joint implant	#
L8659				Interphalangeal finger joint replacement, two or more pieces, metal (e.g., stainless steel or cobalt chrome), ceramic-like material (e.g., pyrocarbon) for surgical implantation, any size.	#
L8670				Vascular graft material, synthetic, implant	#
L8680				Implantable neurostimulator electrode, each.	#
L8681				Patient programmer (external) for use with implantable programmable neurostimulator pulse generator.	#
L8682				Implantable neurostimulator radiofrequency receiver.	#
L8683				Radiofrequency transmitter (external) for use with implantable neurostimulator radiofrequency receiver.	#
L8684				Radiofrequency transmitter (external) for use with implantable sacral root neurostimulator receiver for bowel and bladder management, replacement.	#
L8685				Implantable neurostimulator pulse generator, single array, rechargeable, includes extension.	#

Prosthetic and Orthotic Devices

Code	Code Status N=New, D=Discontinued, U=Updated	P.A.	Lic	Description	April 1, 2006 Medicaid Max. Allow.
L8686				Implantable neurostimulator pulse generator, single array, non-rechargeable, includes extension.	#
L8687				Implantable neurostimulator pulse generator, dual array, rechargeable, includes extension.	#
L8688				Implantable neurostimulator pulse generator, dual array, non-rechargeable, includes extension.	#
L8689				External recharging system for implanted neurostimulator, replacement only.	#
L8699				Prosthetic implant, not otherwise specified	#
L9900				Orthotic and prosthetic supply, accesory, and/or service component of another HCPCS L code	#
V2623				Prosthetic eye, plastic, custom	\$862.80
V2624				Polishing/resurfacing of ocular prosthesis	\$65.09
V2625				Enlargement of ocular prosthesis	\$395.77
V2626				Reduction of ocular prosthesis	\$213.33
V2627				Scleral cover shell	\$1,377.82
V2628				Fabrication and fitting of ocular conformer	\$325.33
V2629		Y		Prosthetic eye, other type	BR

Prosthetic and Orthotic Devices

Code	Code Status N=New, D=Discontinued, U=Updated	P.A.	Lic	Description	April 1, 2006 Medicaid Max. Allow.
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